Dancing into health: Older adults' perceptions of dance, falls and wellbeing

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Abstract

Falls are a global societal issue, with one in three adults over sixty-five experiencing a fall each year in Aotearoa New Zealand (Sherrington et al., 2019).

This study focuses on the people behind the statistics. It is centred around a “community dance as fall prevention” intervention in the Thames, Coromandel district of Aotearoa New Zealand. It situates community dance scholarship in the landscapes of sociology and gerontology as the lenses best suited to investigating and articulating the everyday experiences of the one in three older adults who fall.

Through a qualitative research design, the study researched alongside six older adults to answer the research question, "How does dance benefit the health and wellbeing of older adults who fall?". Interviews and a focus group discussion elicited understandings of how the participants define health and wellbeing, how the benefits of dance fit into this definition and how this intersects with their perceptions of falls.

Grounded within an interpretive epistemology, findings were narrated through the individual case studies of six older adults, combined with thematic analysis across cases, to bring forth the themes of inter-connectedness, agency, personal control, motivations, and the group.

This study identifies older adults as active agents in their health and examines the complex relationship between the body, personal identity and health. None of the six participants were aware of any falls provision or falls messaging within the local area. Health communications are not effectively reaching their target audience. This thesis explores why.

In light of Aotearoa New Zealand's aging strategy, "Better Later Life - He Oranga Kaumātua 2019-2034," which prioritises the provision of a nationwide strength and balance programme, this thesis posits that a broader range of strength and balance programmes, including dance, will better accord with the positive actions older adults want to take for themselves. This highlights the imperative for older adults' perspectives to be included in the policies and programmes that concern them.

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1 Introduction

1.1 Dancing into health

Aotearoa New Zealand is a diverse nation, with five million people currently living on its shores (Statistics New Zealand, 2020). Statistics predict that 20% of Aotearoa New Zealand's population will be aged over sixty-five by the year 2026 and this proportion of older adults will continue to rise (Statistics New Zealand, 2020). This gift of longer life has spurred central and local governments within New Zealand to rethink existing notions of old age and retirement. Included within these current debates the question of how to age, specifically how to age healthily, is a top priority shaping aging policy and recommended actions.

Nestled within healthy aging sits the pressing topic of falls and more specifically, falls prevention. Numbers wise, one in three adults over the age of sixty-five are predicted to fall each year (Sherrington, 2020). It is clear that increasing numbers of older adults will accord with increasing numbers of falls. Falls pose a major risk to the health, safety, and independence of older individuals. Although there is now abundant evidence of successful falls prevention exercises, there is a real-world problem in the attendance and adherence to exercise based falls prevention interventions (Ganz et al., 2008; McInnes et al., 2011; Yardley et al., 2008; Katz, 2015). The current challenge lies in establishing how to encourage uptake in order to effectively implement falls prevention interventions at a population level (Day et al., 2011).

This thesis is about process and participation. It is about the motivations, thoughts and feelings of the lives most often represented as statistics on the page. It is about the one in three older adults who fall and what has kept them coming to a weekly dance class for the past two and a half years. Through a pandemic, through good and bad days, through progressive degenerative conditions, after falls and whilst nursing injuries this thesis explores what makes people put aside a Tuesday morning to dance. It is about dancing into further understandings of falls and health and aging.

Levitin (2020) argues that how we age is dependent on two parallel streams:

1. The confluence of a number of factors reaching back into our childhoods,

2. Our response to stimuli in our environments, and shifts in our individual habits.

This study explores the second stream and situates community dance as the "stimuli" that Levitin (2020) makes reference to. The ways in which older adults engage with community dance as "stimuli" (p.xi) in relation to their individual habits concerning healthy aging, falls and falls prevention form the focus of this thesis.

This thesis has come alive through dancing in the community. It is about dancing into community as well as dancing community, researching how dance opens understandings of self in relation to others. It is centred around community dance as falls prevention in the rural communities of Te Puru and Thames, located in the Coromandel in Aotearoa's north island. This thesis explores the myriad of connections fostered through a weekly dance session and how these shared movement experiences open the conversational vista around notions of aging, health and falls. This thesis is about the particular and the local, exploring "how" and "if" dance contributes to the health of the community.

This thesis is about how we come to know what we know. It is about the very specific and unique ways people make sense of their worlds. It is about the philosophical assumptions that underpin value and the subsequent discourse that shapes beliefs and actions. This thesis is about conceptualisations of living and aging well and the practices and routines within everyday lives that contribute to this.

1.2 Framing the Study

This research is foremost concerned with how participants construct and understand their experiences of aging and health after the event of a fall, and seeks to explore the ways in which societal narratives intersect with individual narratives in contemporary Aotearoa New Zealand and more specifically, in the Thames, Coromandel district. As such it situates community dance scholarship in the landscapes of sociology and gerontology as the lenses best suited to articulating the everyday experiences of older adults.

Multiple case studies were employed for data collection. In seeking understandings of lived experiences, I conducted lightly-structured interviews with six participants. We spoke about what living well means to them, we spoke about the experience of falling and why they choose dance as a leisure activity. We spoke about their everyday lives past and present, and their hopes for the future.

It is understood that within this study, the re-telling of lived experiences are not taken as true accounts but seen as interpretations co-created by myself and the participants. The research recognises that I (researcher, interviewer and dance facilitator) am an active agent in all aspects of the research process. As such this study sits firmly within Guba and Lincoln's (1994) interpretive paradigm and engages Gadamer's (1975, 1996) hermeneutic phenomenology in supporting the understandings and meaning making developed through a collaborative conversational process.

Rooted in the values of rigor, trust-worthiness and transparency throughout the research process, focus group discussions provided an additional data gathering method as well as ensuring member checking (Stake, 2005). Reflective journaling supported my own understandings and meaning making within the process. These three data collection methods worked together to provide rich contextual understandings of what dance might offer as a way of living well in the world post fall.

1.3 Research Objectives

This thesis is timely in addressing Aotearoa New Zealand's "Better Later Life – He Oranga Kaumātua 2019- 2034" strategy (The Office for Seniors, 2023, para. 1) where two key areas for action are promoting heathy aging and enhancing opportunities for participation and social connection. Included as a priority action within "Better Later Life – He Oranga Kaumātua 2019- 2034" is the provision of nationwide strength and balance programmes to older people at risk of falls.

This thesis contributes to debates centred on keeping Aotearoa New Zealand's older population active and engaged through their later years. Specifically, this research is interested in perceptions of health and wellbeing and the role of dance as falls prevention. It is nested within the greater field of dance and health.

Dance and health interventions across the globe are now at systematic review stage (Chappell et al., 2021; Sheppard & Broughton, 2020). My overall aim at the outset was to investigate dance's contribution to health as the social, intellectual, emotional, spiritual, unifying physical practice it is evidenced to be (Karkou et al., 2017; Murcia & Kreutz, 2012). Within this over-arching aim, I sought to delve into the experience of falls, exploring the relationship between falls and health.

The research question asks: "How does dance benefit the health and wellbeing of older adults who fall?". This question is purposefully broad, allowing conceptualisations of healthy aging to be examined and made sense of as a necessary pre-requisite for narrowing the focus to falls and falls prevention. As a research question, it explores social narratives and how personal narratives of health in aging reflect or differ from societal expectation. Through these explorations, understandings of identity and belonging as we age are foregrounded, particularly when disrupted by an illness or a fall.

The sub-question asks: how do participants perceive a weekly "dance as falls prevention" class? As a sub question it narrows the research enquiry to ask why participants access community dance and how important the falls prevention aspect of the class is in shaping motivations for attendance. I was keen to understand whether the falls prevention literature and exercises had been assimilated into the enactment of living well.

1.4 How my study is addressing identified gaps

1.4.1 Significance of research

Within Aotearoa New Zealand key policies relating to aging are titled "Healthy Ageing", "Positive Ageing" (Ministry of Health, 2022, para. 1-3) and "Better Later Life-He Oranga Kaumātua 2019 to 2034" (Office for Seniors, 2023, para.1), making it clear that supporting older people to age well is a government priority. Previous Aotearoa New Zealand specific research in related fields concerns exercise for falls prevention (Gillespie et al., 2012; Sherrington, 2019), with the literature review revealing only one dance and falls study (Molloy et al., 2015). There were no studies that I could find within Aotearoa New Zealand that researched falls from a qualitative perspective.

Older person's stories have not as yet, shaped the falls scholarship to the extent that research within an objectivist model has. International studies on falls prevention stem primarily from empirical research designs such as the randomised controlled trial. As a consequence, little is known about individuals' experiences of falls or how a fall might affect other domains of health and wellbeing beyond the biological. Further research is therefore important to gather knowledge from the perspective of the faller in a way that enables wider understandings. This thesis will contribute to this.

This thesis opens the door for other ways of knowing, understanding and talking about benefit so that it may offer a different approach to the dominant discourse of both "dance and falls", and "dance and health" research and interventions. Grounded in the conviction that people who have lived with certain experiences are often the best source of expert knowledge about these experiences (Thorne, 2008), this thesis researches from the ground up rather than assessing benefit through an external evaluative framework. It argues that it is imperative to listen to fallers' experiences of both falling and falls interventions in order to implement effective and sustainable falls prevention interventions. This research is significant in offering experiential information to falls research through positioning older adults' individual perceptions as the primary research objective.

1.4.2 Assumptions/Limitations

As with all research, this study has inherent limitations such as time constraints, disruptions in data collection due to the Covid-19 pandemic and the scope of the study which may limit the generalisability of the results to other populations or settings. Schofield (2000) argues that generalising is becoming increasingly important as funding agencies want to see that findings have a wider applicability. The research conducted here is context specific and person specific and as such it is unlikely that generalisations could be made that extend into the wider population. However, whilst it is not possible to transfer the findings to all, this study adds new knowledge about the experience of community dance and falls as it is lived by older adults.

As presented through the conclusion, findings led to further research questions, some of which could not be accommodated within the remit of this study.

1.5 The Research Site – Why the Coromandel?

This research is situated in the Thames-Coromandel district, on the western side of the Coromandel Peninsular where weekly dance classes are held in the coastal community hall of Te Puru and in the township of Thames.

With a population of 3,054 in the 2018 consensus (Statistics New Zealand, 2018), the village of Te Puru is considered a rural village with a combination of long-term residents, newcomers and second holiday home owners. It is socio-economically diverse with families who have owned land in Te Puru for generations living next to newly built multi-million

dollar beach front properties owned by those migrating in. Te Puru is serviced by one small shop and there are no public transport links.

Thames is 13km away from Te Puru and provides the nearest town for shops, access to health care, sports and leisure facilities. It is listed in Statistics New Zealand as a small urban area (Statistics New Zealand, 2018). The median age of the population in the Thames-Coromandel district is fifty-one years compared to the New Zealand median age of thirty-eight years (Mitchell, 2022). Reasons for this include its desirability as a post retirement destination, attributed to its proximity to Auckland and Hamilton (both approximately an hour and a half away), cheaper house prices, access to the coast and a flourishing retirement community.

For all the above reasons, the Thames-Coromandel District is identified as a community with a significant older person's population and in 2018, Thames had the highest proportion of older people in New Zealand (Waikato District Health Board, 2021). Population projections by Statistics New Zealand suggest that in 2048, the population of Thames could be nearly 50% retirement-aged. (Statistics New Zealand, 2022). Thames Coromandel District Council have identified falling and falls interventions as a key target area of health promotion (TCDC, 2022). These pressing concerns alongside its rural nature, bring the Thames-Coromandel to the forefront of conversations about falls, age, community and what living well means for older adults (Mitchell, 2022).

1.6 The personal and professional

My dancing journey began in the ballet schools of Brazil, unfurling in a youth performance company in England, formalised by the National Association of Teachers of Dancing curriculum in Kuala Lumpur, flourished in the outdoor spaces of the UK festival scene and found its way into a contemporary dance company in West Wales.

But my relationship with dance, beyond learner and performer of specific dance styles began when I was eighteen. My mother died and I left home in Malaysia for University and family in the UK. I found myself a long way from the place I called home, from my friends, my sense of place and belonging. As a way of distancing myself from grief, I danced. I danced because in those moments only the music and my responding body existed. Those dances continued to shape my early twenties, as I took to new environments; weighted by big boots

in mossy woods, barefoot on sandy beaches, natures melodies often replacing music. I began to understand that my dances were not an addendum to my life, but an integral, central, shaping call.

The personal became professional as I linked in with the then "Foundation for Community Dance" (People Dancing, 2022, n.p.); using the best part of a decade to train, attend workshops, create networks, broaden my knowledge and land fully in the processes of leading workshops for different community groups.

As my specialism in dance and health groups grew, my knowledge of the accompanying project evaluation form also grew. Predominately we were evaluating the success of a project through tick box questionnaires against pre-assigned outcomes such as social inclusion and doctors visits. On these evaluation forms there were a few lines left blank for "further comments".

Whilst acknowledging the importance of the economic imperative to funders in establishing the cost-effectiveness of dance as a health intervention, my observations through leading sessions suggested that dance was important in people's lives in a way that superseded tick-box and "further comments" evaluation. The bigger picture was not being captured through the research tools we were implementing. I linked into passionate dialogues within the field around evaluation and notions of benefit, where health intersected with the dance. As practitioners, our concern was whether a health outcome should be a factor in devising session content. This enquiry formed the focus of my Masters in Dance Studies, researching Dance and Parkinson's from participants and facilitator perspective.

A pivotal experience delivering Aesop's nationwide falls prevention programme (Dance to Health) followed. The objective was to creatively translate the evidence-based physiotherapy exercises we had been trained to deliver as Postural Stability Instructors. Without contention this was dance in a health context. I was working with physiotherapists from the hospital falls clinic, the funding was coming in part from the health board and the participants were undergoing baseline and end of intervention measurements for strength and balance. In the tea and coffee break, people shared stories of new found victories. There was a tangible sense of wider community forming around the sessions. People came early and stayed late. They continued to come after hip operations and eye surgery.

Through the existing dance and falls research, I was getting a real sense of the applicability of dance as a tool; particularly in relation to strength and balance outcomes and as a social

contributor. Nonetheless, it was apparent that understandings of dance as the medium for experience were not being represented beyond anecdotal evidence. And so, my research journey continued.

1.7 Definition of terms

The following section introduces some key terms and their application for this particular research study:

1.7.1 Community Dance

"Dancing for Health" are dance sessions which I have created to meet the balance and strength requirements of a Falls Prevention Programme. That means physiotherapy exercises form a scaffold around which I plan and devise dance sessions. These classes are community dance not because they are based in the community or because they are for community-dwelling older adults. These classes are community dance because of the value system they rest upon.

Within the context of this research, community dance is an approach to dance practice that is informed by a set of beliefs and philosophies (People Dancing, 2022). People Dancing are "the UK development organisation and membership body for community and participatory dance" (People Dancing, 2022, para. 1). I have trained alongside People Dancing for the entirety of my career. Their professional code of conduct translates the core values of community dance into standards of ethical and responsible practice to which all community dance professionals are expected to adhere. Values centre around the belief that everyone can dance; it is an inclusive practice built on collaborative relationships with a focus on positive participation and learning through the creation of non-judgemental dance spaces. I have included an abridged version of the People Dancing Code of Conduct in Appendix 1.

In line with the code of conduct and community dance values, I refer to leading the session as "facilitation". McCormack and Titchen (2006) describe facilitating as different from dance "teaching" (p. 240). Adherence to a syllabus or transmission of specific dance objectives as through traditional teaching methods are replaced with a focus on the participatory, process-oriented and experiential. Although not the focus of this study, I have included a lesson plan as Appendix 2 to give an idea of the form of the dance class and the way the values translate into my community dance practice.

It should be noted at this stage, that my personal journey into dance facilitation includes two years of Dance Movement Psychotherapy education at post-Graduate level. My dance practice is not therapy, it is not in any way centred around a client/therapist relationship nor are sessions propounding "the psychotherapeutic use of movement to promote emotional, cognitive, physical and social integration of individuals" (ADTA, 2023, para. 1). However, it seems pertinent to mention this background and make the connections between fields in articulating who I am as a community dance facilitator.

1.7.2 Older Adults

This research is interested in the ways in which dominant theories shape the way society thinks about, and acts towards, older adults. In the literature the terms "older person", "aged", "elder", "senior citizen" and "active older person" are used interchangeably. "Elderly" continues to appear in research although there has been a recent discussion within Aotearoa New Zealand as to whether it is as a discriminatory label (Amundsen, 2022). The choice of terminology clearly warrants a wider political discussion and is further discussed within the literature review.

There is no mandatory retirement age in Aotearoa New Zealand. However, people can claim Superannuation (a pension equivalent) from the age of sixty-five. As such, this study aligns with Statistics New Zealand to refer to older people as those "aged 65+" (Statistics New Zealand, 2022, para. 2).

1.7.3 Health and Wellbeing

This research is based on a holistic and dynamic perspective of health; and takes the World Health Organisation (WHO) definition of health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2023, para. 1) as a leaping off point into critical analysis of understandings of models of health. In line with the WHO definition, wellbeing in this thesis is not a separate concept but a crucial aspect of health. I use health and wellbeing interchangeably and oftentimes together to denote that they are interconnected.

I also use living well as a term to bring together the sense of health and wellbeing as a lived reality. Health and wellbeing within this study is not conceived of as a destination, rather a journey, constantly being re-negotiated. Living well is offered as a way of bringing forth this dynamic aspect.

The key notion for this research is that it builds upon academic iterations of health and well-being, building on the notion that "Health is situational, that is, related to what people believe to be fullness of life for them" (Wilson, 1975, p.55). Thus, in order to fully comprehend the results of this study, it is crucial to grasp how older adults perceive health and well-being.

1.7.4 Stakeholders

Stakeholders refers to those likely to be impacted by the outcomes of this research. It is understood to represent the larger social, cultural and political factors that reciprocally influence, and may be influenced by, this research study. It includes older adults, community dance participants, cross-disciplinary researchers (dance, gerontology, falls, health), dance facilitators and extends to the agencies speculated to have an interest in research findings.

Figure 1 is a personal ecological approach that I include as a visual aid to locate the many contextual factors at play.

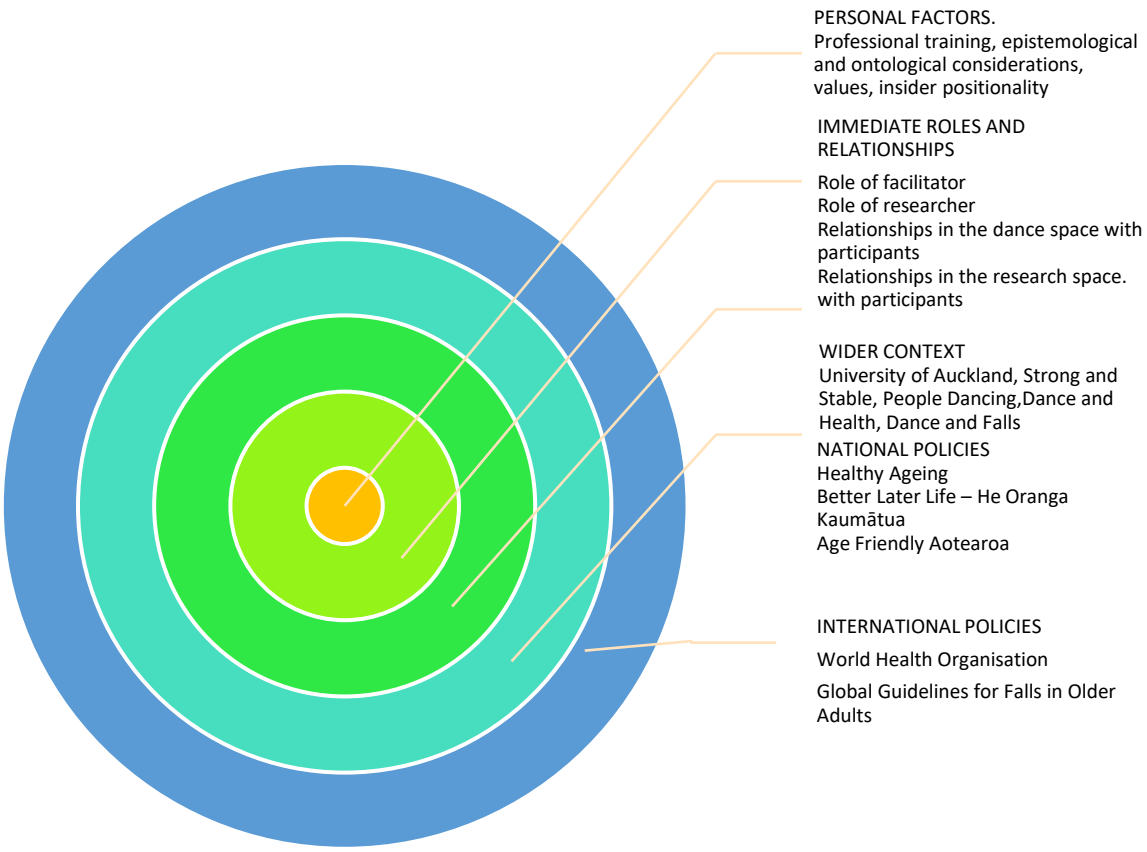

Figure 1: The researcher's perspective of the context of her research study

1.8 Preview of Chapters

The present chapter introduced the research question and the approach taken to answer it. It laid out my positionality as researcher, attended to terminology and clarified the wider context of the study.

Chapter 2 is the literature review. It covers the following topics: aging and aging within contemporary Aotearoa New Zealand; definitions of health; dance and health; community, communitas and community dance. Chapter 2 reviews current falls prevention literature and situates dance within falls prevention discourse.

Chapter 3 is the methodology chapter. It explains this study's qualitative methodology, discussing and rationalising interpretivism and relativism as the ontological and epistemological foundations of this research. It introduces hermeneutic phenomenology and narrative inquiry as methodologies and finishes with presenting the data collection methods selected as appropriate to explore the meanings and experiences older adults assign to the main phenomena of health and wellbeing, dance and falls.

Chapter 4 presents the case studies as narratives. This chapter introduces the study participants and places them within the stories they shared through interview. Each story is organised within the headings: background, falls, dance and what living well means for them.

Chapter 5 presents the themes that emerged through thematic analysis of the interview transcripts. Organised within the themes that emerged from the data analysis and were later member checked through focus group discussion, the chapter brings together the case studies and highlights their similarities and differences.

Chapter 6 discusses the research findings against critical gerontological debate surrounding the contemporary aging experience. Bottom-up findings are integrated into top-down scholarship to offer new perspectives of the role of dance in falls prevention.

Chapter 7 returns to my research questions. This chapter summarises the significance of the findings and identifies key research themes, proposing further research avenues in light of this study's original contribution to the falls prevention research and the field of dance and health for older adults.

2 Literature Review

2.1 Introduction

In answering the research question, "How does dance benefit the health and wellbeing of older adults who fall?", this literature review explores the separate but intertwined strands of aging, health and falling as they weave themselves around the central "maypole" of community dance. It begins with a critical account of the position of older adults in society in relation to the current aging policies which guide strategic aims for Aotearoa New Zealand. Throughout this thesis, Aotearoa is used alongside New Zealand to acknowledge the cultural context and history of the country. Aotearoa is the Māori name for New Zealand and using them in conjunction reflects the country's unique bicultural heritage, established through the Treaty of Waitangi between the indigenous Māori and British colonial settlers (Mortimer, 2021).

Drawing largely from the field of critical gerontology, this first section examines contemporary debates that emphasise activity, individualism and productivity as ideals in old age. The second section of this literature review explores the relationship between health and wellbeing. The dominant discourse that shapes health enquiry is linked to the inherent value system that shapes definitions of health and the subsequent interpretations of how dance benefits health. The third section attends to falls and fear of falling with particular consideration of falls prevention within Aotearoa New Zealand. It is defined by its central concern with the link between the phenomenon of falling and the psychosomatic perceptions of falling, locating research that seeks individual's meaning making of falling and falls prevention interventions.

2.2 Defining Aging

"To me, old age is always fifteen years older than I am" (Bernard Baruch, 1955)

The world guidelines for falls prevention and management for older adults (Montero-Odasso et al., 2022) recognise that there is inconsistency in the ages of older participants in the research evidence. They claim "there is no scientific rationale for the application of a strict chronological definition of older age when using these guidelines" (Montero-Odasso et al.,

2022, p.5). Statistics New Zealand (n.d.) refers to older people as those "aged 65+". There is no mandatory retirement age in New Zealand, although people can claim Superannuation (pension equivalent) from the age of 65 (New Zealand Government, n.d.). The World Health Organisation (WHO) refer to those aged 50 and over when discussing older people (WHO, 2012). At the moment the United Nations agreed cut off is 60+ years when referring to the older population. Brooke and Johnson (2020) point out that for some vulnerable Indigenous populations, 50+ is more likely to be considered "old". In short, it is clear that there is no complete or universally agreed upon age at which one becomes "old".

This research is situated within Aotearoa New Zealand. In line with Age Concern, the "charity dedicated to people over 65, their friends, and whanau" (Age Concern, 2022, para. 1), this thesis and the practical element that it rests upon, uses the age of sixty-five when referencing "older adults". It should be noted that whilst adopting a classification term, this thesis aligns with Rubinstein & De Medeiros (2014) who posit that bracketing a demographic in relation to age holds little meaning when "looking at individuals and the accumulation of physical changes over time" (Rubinstein & De Medeiros, 2014, p.40). That is to say, I acknowledge the limitations of such simplistic grouping, and use the particular example of "Dancing for Health" sessions as a working example. The older adults within the class may all be over sixty-five but as a descriptor, it is unable to account for the various ages, abilities and preferences presented in the discrepancy of twenty-five years between the youngest participant of sixty-eight and the oldest of ninety. Saxon et al., (2015) similarly raise issue with the "enormous diversity" (p.2) of older adults and suggest further differentiations in order to provide effective services. They advocate for the use of the following age cohorts to describe older adult groupings: young-old (65–74), old-old (75–84), oldest-old (85-99), and centenarians (100 and older). Current literature regarding New Zealand Aging Strategy also makes reference to the importance of seeing older adults as more than a homogenous group of over sixty-fives (Amundsen, 2022).

In as much as aging is biologically determined, like any other human experience it takes place within a social world (Furman, 1999). Twigg (2006) points out that "we are as much aged by culture as by physiology" (p. 40). Grant and Kluge (2007) posit aging as a multidimensional phenomenon through which we are continuously redefining our "physical, social, psychological, and cultural self" (p.398). In reviewing these different perspectives, it becomes apparent that aging as a biological process cannot be removed from its sociocultural context (Howell & Peterson, 2020). It is also apparent that the existing literature

predominantly presents and considers socio-cultural constructions of what is deemed necessary for aging well through a Western perspective. According to King and Calasanti (2006), much of the way we think about aging is from a developed nation perspective, which they refer to as the "Global North" (p.139). Hung et al. (2010) and Cosco et al. (2013) each re-iterate the over-representation of studies conducted within a Western frame. Biggs, Lowenstein, and Hendricks (2003) mention "the historical burden of structural-functionalism and the largely atheoretical and pragmatic empiricism of North American gerontology from which Western social gerontology takes its cue" (p.3). Stephens (2017) points out that if qualitative studies are "constructed within the discourses that reproduce current moral and political values, they will continue to reproduce the dominant constructions of how we *should* age" [emphasis added] (p.493). This research is interested in particular by the use of the word "should" within this quote and the implication that there are right and wrong ways to age according to moral and political values. Following this line of enquiry, the following section examines the implicit hierarchies of knowledge that underpin research agendas and policy making.

2.3 Aging theories

The construction of aging as a period of life marked by "the bleakness of disability, dependency, decline and social disengagement" (Pack et al., 2019, p.2086) is increasingly being countered by theories, policy and media that encourage "positive aging" discourses. The literature search revealed a multitude of aging theories including, but not limited to Healthy aging (Keating, 2005); Active aging (Paúl et al., 2012), Positive aging (Asquith, 2009); Responsible aging (Aberdeen & Bye, 2013) and Successful Aging (Rowe and Kahn, 1997, 2015). For the purposes of this next section, I have focused on what I found to be the three most utilised theories in relation to the "issue of global graying" (Foster & Walker, 2015, p.85).

2.3.1 Successful Aging

As previously reported by Peel (2004) and Hung et al. (2010), "successful aging" was found to be the most prevalent theory referred to in the literature. Rowe and Kahn's highly publicised (Grant & Kluge, 2007) and much cited theory, set out to challenge the gerontological status quo at the time, which emphasised "only the distinction between the

pathologic and nonpathological" (Rowe & Kahn, 1997, p.433); that is, between older people with diseases or disabilities and those suffering from neither. In other words, Rowe and Kahn set out to contest the correlation of old age with illness and decline.

Through theorising the conditions for "successful" aging, Rowe and Kahn (1997) are credited for moving aging discourse from the preoccupation with disease and disability to widen the focus to considering how and why some older adults age more "successfully" than others. The preconditions they set out were: (1) a low probability of disease and disease-related disability, (2) high physical and cognitive functioning, and (3) an active engagement with life (Rowe & Kahn, 1997, p.434). Rowe and Kahn's most recent publication (2015) states "Our assignment was to "gather the knowledge needed to improve older Americans' physical and mental health" (p.593). As one of the most prevalent gerontological theories, the focus on "successful" aging in relation to the physical and mental (and expanded by themselves in 2015 to extend to the social) as the sole domains for successful aging serves to highlight this own study's imperative to reflect on the assumptions underlying the research inquiries and the subsequent policies that inform the everyday lived experience of aging adults.

2.3.2 Active aging

> [Active aging is] **"The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups…The word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force."** (WHO, 2002, p.12 in Formosa, 2019, p.4)

"Active Aging" has been used widely in the past ten years in European policy in particular (Foster & Walker, 2015). This is largely as a result of the efforts of the World Health Organization who presented the framework at the Second World Assembly on Ageing in 2002. Foster & Walker (2015) suggest that the reason this new perspective was so widely championed was that in theory, it emphasised the need for a departure from considerations of aging in purely economic terms towards a more holistic understanding of activity and passivity in domains of life beyond employment. In this regard, mention is made of quality of life, mental and physical well-being, and social participation as necessary considerations within this framework (Foster & Walker, 2013; Foster & Walker, 2015).

2.3.3 Healthy Aging

Interestingly, a literature search using "healthy aging/healthy ageing" produced far fewer results than the previous two search terms "successful aging" and "active aging". Literature that included the term "healthy aging" within the title, appeared to use it in conceptually the same way as successful aging. Hung et al. (2010) undertook a literature review into academic and subjective perceptions of Healthy Aging in order to address the fact that "no consensual definitions or operational criteria for 'healthy ageing' exist" (p.1374). Rather than reach a definitive definition, Hung et al.'s (2010) review concluded that healthy aging is complex, with perceptions of the components of healthy aging differing between cultures and between academic and older lay people. As such, attention to the operational use of the concept of healthy aging is imperative for it is clear that the way in which the concept is utilised will differ.

The World Health Organisation identified healthy aging as a key priority, commissioning and publishing a global report "Decade of Healthy Ageing 2021–2030" (World Health Organization, 2020). Within this report, healthy aging is defined as "the process of developing and maintaining the functional ability that enables wellbeing in older age" (p. xi). Functional ability within the report refers to the interactions between a person's intrinsic capacities and environmental characteristics, where intrinsic capacity is primarily understood as mental and physical capacity and environmental characteristics relate to home, community and greater society (Rudnicka et al., 2020). Within Aotearoa, aging policies are built upon this working definition.

Whilst I acknowledge that a much deeper look could be taken into the theories on aging, the descriptions offered have created a sufficient platform for the present thesis. This thesis does not seek to situate itself within a specific framework. What is of importance to this present study is the discourse that has been sparked by critical gerontologists in response to the three theories proposed. I therefore move forward not in relation to one framework, but in relation to the key areas of gerontology debate relevant for this research. These are discussed in section 2.4: Aging Discourse.

It has been identified that policies that ensure positive attitudes to aging are important for the health and wellbeing of Aotearoa New Zealand's older adults (Dwyer & Gray, 1999). Thus, before examining wider discourse, I will attend to the specific aging rhetoric and policies within Aotearoa New Zealand.

2.3.4 Aging policies within NZ

The population of Aotearoa New Zealand older adults aged sixty-five years and above consists of 87.8% European, 5.6% Māori, 4.7% Asians, and 2.4% Pacific Peoples (Statistics New Zealand, 2015b), with figures stating that there are currently over two hundred ethnic groups in New Zealand (The Office for Seniors, 2019).

The most recent strategy guiding aging policy within Aotearoa New Zealand is "The Better Later Life – He Oranga Kaumatua 2019 to 2034". The guiding principles are "valuing people as they age, keeping people safe, recognising diversity and that everyone is unique, taking a whole-of-life and whanau-centred approach to ageing, and taking collective responsibility to plan and act for later life" (The Office for Seniors, 2023, p. 8). This strategy is connected to the "Healthy Ageing Strategy".

New Zealand's Healthy Ageing Strategy is a strategic framework that applies a life-course approach to achieving the aim of healthy aging between the years of 2016 and 2026 (Ministry of Health, 2022). The following definitions are offered within the framework:

- Healthy aging is the process of developing and maintaining the functional ability that enables wellbeing in older age, and reflects the ongoing interactions between an individual and the environments we inhabit.
- Functional Ability comprises the health related attributes that enable people to be and to do what they have reason to value. It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between these characteristics and the individual.
- Intrinsic Capacity: is the composite of all the *physical and mental capacities of an individual* [emphasis added].

In light of the two hundred ethic groups living on its shores (The Office for Seniors, 2019), it is understood within this thesis, that different views on aging will exist with "healthy", "successful" and "active" aging meaning different things to different people. Thus, if aging policy is to have any relevance at all, it needs to be inclusive of the needs and circumstances of all older adults. As the ultimate goal of Aotearoa New Zealand's aging policies is to increase the quality (not just the quantity or length) of later life for all of its citizens, a more

comprehensive and culturally-sensitive healthy aging strategy may need to look beyond “the physical and mental capacities of an individual” as the defining domains of healthy aging.

Furthermore, widening the lens to broaden understandings of health also requires that research “situates and appreciates individuals within their social and geographical context and attends to the relationships that connect individuals to their kin and social networks, to community, and to the places in which they live” (Jaye et al., 2022, p.291). The context of this study, which involves a small urban town and a rural village, highlights the connection between the rural aging experience and the provision of health services to older adults. Although this research is not specifically about the rural aging experience, the next section will briefly discuss the relevant literature on rural aging and health in the New Zealand context.

The definition of rural and rurality can include various socio-cultural aspects (Whitehead et al., 2022). Within this study it aligns with the traditional definition based on demography and spatiality as defined by Statistics New Zealand's Urban Rural Experimental Profile (Stats NZ, 2022).

The literature review revealed unequal access to healthcare for rural residents and a critical paucity of research into rural health issues and service provision. Inequalities in service provision highlighted by the Covid-19 pandemic response (Nixon et al., 2021) have heightened cause for concern amongst New Zealand’s academic community (Blattner et al., 2021; Nixon & Lawrenson, 2019; Nixon et al., 2021) who argue that the lack of comprehensive rural healthcare services has significant consequences for the residents of these communities. For example, the Thames Hospital, which serves the rural villages where the participants of this study reside, is only classified as a level three rural hospital. This means that the services offered by the hospital are limited and subject to the availability of doctors (Simone, 2016). In the case of injuries sustained from falls that cannot be treated at the hospital, patients and their families face the added stress of transfer by road (one and half hours) or by helicopter (thirty minutes) to the city of Hamilton and Waikato Hospital (Simone, 2016).

Despite rural hospitals operating at the “margins of the healthcare system” (Nixon et al., 2021, p.18), the goal of "aging in place" continues to be promoted as part of New Zealand’s national Positive Ageing Strategy (2002) and across the Waikato district (TCDC, 2012). Arguably for this to be a realistic goal, a national rural health strategy needs to be

implemented (Blattner et al., 2021), with a research focus on the context specific challenges of providing the necessary support to aging in place for both urban and rural older adults. Plans are afoot for this within the Ministry of Health, with a rural health strategy proposed for July 2023 (Ministry of Health, 2022, para. 1). I could not establish whether there is a specific focus on rural aging within the proposed strategy.

2.4 Aging Discourse

This section of the literature review examines the discourse on ageism and its impact on aging in order to develop a critical account of the contemporary debates surrounding the role of older adults in society.

2.4.1 Productivity

The theories guiding societal norms and expectations within contemporary Aotearoa New Zealand suggest that increasing levels of participation are expected from older adults. Employment Minister Carmel Sepuloni is quoted in the media as saying that the government wants "every New Zealander who could to be earning, learning, caring or volunteering" (RNZ, 2022). Thames Coromandel District Council reflect this in their Positive Aging Strategy (2012), mentioning that in 2006, the over sixty-five demographic made up 28% of all volunteers. The viewing of aging through an economic framework is also apparent within the United Nation's (2020) reference to older persons as "contributors to development, whose abilities to act for the betterment of themselves and their societies should be woven into policies and programmes at all levels" (UN, Ageing report, 2020).

Grant (2008) raises attention of the relative recentness of productivity and activity as goals in aging, pointing out that for much of the twentieth century the emphasis in later life was on passivity and contemplation, with rest being considered "the virtue" (p.164) of old age. Reasons for the shift in attitude to focus on productivity are speculated to centre on the anticipated costs of an aging population (Rudman, 2006). Boudiny (2013) suggests that the perception of economic disaster has manifested in the increased focus on prolonged working lives. Rudman (2006) suggests that the implication is for older people to continue working as the responsible thing to do. As posited by Moody (2001), the emphasis on retaining participation in the workforce converts the aging population "from a burden to an asset" (p.176).

Whilst appearing at face value to be inclusive and welcoming of older adult's contributions, Martinson and Halpern (2011) point out that the promotion of volunteerism as a societal expectation is "ethically troubling" (p.427) in its failure to acknowledge the full aging self. Within this statement I take the full aging self to refer to the aspects of the aging self that may seek solitude or rest, or simply a different trajectory to that recommended by external agencies.

2.4.2 Focus on the body

Within aging discourse and the contemporary aging experience sits the very visible "anti-aging" culture, whereby natural aspects of the physicality of the aging process are increasingly rejected alongside the positioning of aging as undesirable and to be avoided for as long as possible (Calasanti, 2005). The presence of a burgeoning, multibillion dollar anti-aging industry is quite literally "anti" or against the aging. Hurd-Clarke (2010) terms it a "societal obsession with youthfulness" (p. 3), whilst Katz and Marshall (2003) claim it is "the impossible ideal of living outside of time" (p.13).

Women are seen to be "old" much sooner than men (Calasanti, 2005). In her ethnographic study of older Jewish women, Frida Furman (2013) argues that a woman's worth in society is measured by appearance over and above physical or mental abilities. It has been questioned whether "positive aging" actually translates into NOT aging with the body the primary measure of success (Katz & Calasanti, 2015, p.28). In this regard, aging takes on a moral dimension, with the interpretation of the aging body open to "public scrutiny" (Calasanti, 2005, p. 10) and external judgment normalised through everyday statements such as, "let themselves go". As with all the phenomena within this study, how participants describe and feel within their bodies will vary according to the culmination of their own experiences including age, gender, culture, race, religion, health and influences thus far. The premise of this research is to illuminate these differences (and similarities) in order to understand subjective aging matters.

2.4.3 Individualism

> "To succeed … means having desired it, planned it, worked for it. All these factors are critical to our view of aging which … we regard as largely under the control of the individual. In short, successful aging is dependent upon individual choices and behaviors" (Rowe and Kahn, 1998, p.37).

Criticisms around the current emphasis on individual responsibility are hinged around whether it is a realistic assumption that older people can somehow avoid health challenges on their own (Rudnicka et al., 2020). Taken as given by policy makers are the socio-economic, physical and social resources and capacities required to participate in the actions promoted within healthy aging discourse (Pack et al., 2019). Individual "response-ability" as referred to by Holstein & Minkler (2003) relies on multiple factors; including but not limited to, income, affordable and healthy food, safety, appropriate housing, community and access to affordable, good-quality health care. Stephens (2017) similarly critiques the construction of successful aging as an individual achievement, in that it "means that those who age successfully may take personal credit, and those who end up in poor circumstances are blamed, while the structural basis of inequalities in older people's life circumstances is masked" (p.491). Furthermore, the transfer of responsibility from governments and health systems onto individuals produces a moral framework whereby limited capability or restricted functioning are evidence of personal failure (Pack et al., 2019).

2.4.4 Researcher-Driven Models

According to Andrew Blaikie (1999) "much of the sociology of later life remains unchartered territory...sociology may have clarified how 'being elderly' is a learned social role, but is not particularly good at explaining what it is like to become and be old" (p.169). Likewise, Phelan and Larson (2002) draw attention to the lack of research which attends to older adult's views and Chapman (2005) suggests that the historic processes defining and measuring aging have been concerned with how older individuals should age, rather than how people come view themselves as aging. Studies by Strawbridge et al., (2002) found that researchers' definitions did not accord with the experiences and priorities of many older people themselves, with the study concluding that a much higher proportion of older persons consider themselves to be aging successfully than is proposed by health professionals. Kusumastuti et al. (2016) also illustrate that important domains of healthy aging as conceived by older adult themselves can be "mutually exclusive of the domains created by researchers, with no overlap or agreement at all" (p.733). As Foster and Walker (2015) point out, there is a risk that successful aging "is reduced to an exclusionary, ageist, and even discriminatory perspective—a professional dogma with no room for human agency" (p.85).

Perhaps the broader implication of this discourse is the value placed on academic viewpoint over and above what older adults have to say for themselves. In a video "Implementing New

Zealand's Healthy Aging Strategy" (Ministry of Health, 2017), much mention is made of the importance of older adult's voices. However, whilst key stakeholders such as the Associate Minister of Health and Age Concern highlight the imperative of giving emphasis to older adult's voices, not one older adult is included within the video. Along with Holstein & Minkler (2003), I therefore question how it is that the many-storied lives of older people are not essential sources of knowledge. My thesis aims to address the lack of representation by researching alongside older adults to support new understandings grounded in their subjective experiences and perspectives.

2.4.5 Summary of Aging: older adults in contemporary society

Gerontology is the academic study of the aging process and incorporates multidisciplinary concepts and approaches in an attempt to understand all aspects of the complex aging process, (Saxon et al., 2015). In bringing together aging policy with gerontological academic discourse, this section has shown clear emphasis on the values of individualism, productivity and activity in determining what aging "should" look like for older adults. This reflects a moral imperative centred on the value of maintaining independence, contributing to society, and staying active in later for older adults in Aotearoa New Zealand.

2.5 Defining health

Understandings of health are central to "the philosophy of medicine and the sociology of health and illness" (Broderick, 2011, p.97). However, contemporary westernised societies harbour many different understandings of what constitutes health and wellbeing (Barbour et al., 2020). The present study is conducted in Aotearoa New Zealand, where the Ottawa Charter for Health Promotion (1986) is used as a framework for planning public health (Ministry of Health NZ, 2022). Health promotion within the Charter "is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment" (WHO, 2022).

Criticism over the past 60 years has drawn attention to the limitations of the Ottawa Charter definition as demographics of populations and the nature of disease continues to change (Jadad & O'Grady, 2008; Huber et al., 2011; Card 2017). In conceiving of people with

chronic diseases and disabilities as ill, or by its own definition I might add, "incomplete", Smith (2008, n.p.) comments that it's a "ludicrous definition that would leave most of us unhealthy most of the time". Whether or not an individual may subjectively feel healthy is also much less considered (Levin & Browner, 2005).

Furthermore, it is noted that broader religious/spiritual domains are missing from the WHO definition. Crowther et al. (2002) argue that this might be missing much of what an individual relies on to remain healthy. Keogh and Davis (2017) echo this when stating, "human beings, body, spirit, emotion, and thought all evolve in relationship to each other and in relationship to others and the environment" (p. 539). Zimmer et al. (2016) note that the difficulty in pinning down spirituality and what it may mean may be hindering its inclusion within health models. They go as far to posit that older people are more spiritual in older age which is why "there is a requirement and even an obligation on the scientific community to explore the connection between religiosity, spirituality and health in order to more fully understand the determinants of quality of life in old age and in so doing suggest ways for improving human health and the human condition" (p.378). The purposeful inclusion of spiritual components within this literature review alongside physical, mental and social aspects speaks to current research linking increased spirituality to aging (Crowther et al, 2002; Forlenza & Vallada, 2018; Zimmer al., 2016). This study aligns with Crowther et al. (2002) who suggest that ignoring the broader religious/spiritual domain might be missing much of what an individual relies on to remain healthy.

2.6 Models of Health

In order to shape present and future conversations around dance and health we must first to return to definitions of health. It strikes me that we cannot fully articulate the benefits of dance, until we can fully articulate what health encompasses. Understandings of the two co-existing models of health within Aotearoa New Zealand is therefore fundamental in supporting new insights into how dance interacts with health for older adults.

2.6.1 Bio Medical model

Modern medical care and research remains largely based on a paradigm known as the biomedical model, which assumes health to be fully accounted for by measurable biological variables (Engel, 1977). Longino and Murphy (2020) offer a comprehensive understanding

of the five components of the biomedical model which are: 1) distinct mind and body separation, 2) consideration of the body as a machine, 3) biophysical explanations preferred over those which may consider psychological, social, environmental, cultural, and economic factors, 4) that every disease has an identifiable cause, 5) the physician's role is primary in controlling and managing the patient's physical condition. (p.1).

Linking back to New Zealand's Healthy Ageing Strategy with its stated focus on "developing and maintaining the functional ability that enables wellbeing in older age" (Ministry of Health, 2016, p.5), we necessarily understand the biomedical model as the foundational framework underpinning current and developing policy and practice for older citizens.

2.6.2 Te Whare Tapa Whā

Māori, the indigenous people of Aotearoa New Zealand, are also known as tangata whenua (people of the land) and constitute approximately 17% of the population (Eggleton et al., 2022). While there are several different Māori health models, this next section aligns itself with Te Whare Tapa Whā (Durie, 1994), the most widely cited model within Aotearoa New Zealand (Rochford, 2004) and employed by New Zealand's Ministry of Health.

Sir Mason Durie (1994) developed Te Whare Tapa Whā to better illustrate the Māori worldview of health as a holistic concept. Te Whare Tapa Whā uses the symbolic metaphor of the whare (house) with its four sides to reference the interconnectedness of tinana (the body), wairua (the spiritual), whenua (environmental), hinengaro (the mind) and whānau (family) domains necessary for health. Within this model the notion of autonomy in health decision making alongside singular aspects of health (as propounded through the biomedical model) become redundant. Kiyimba and Anderson (2022) maintain that the walls of the whare "are effectively an artificial separation predominantly for the benefit of non-indigenous people who have not been raised with a worldview that seamlessly integrates self, other, place and spirituality' (p. 352). Rewiti et al. (2022) raise concern regarding translations into English which they consider to fall "far short" (n.p.) of the full meaning of the Māori words and their significance to wellbeing.

Whilst acknowledging these limitations, for the purposes of this study the metaphor works well in offering a visual representation of the importance of all four walls, without which the whole house would collapse. Furthermore, Te Whare Tapa Whā is pertinent to this study for the focus on the factors that promote health and wellbeing, rather than the treatment of illness. In asking "How does dance benefit the health and wellbeing of older adults who

fall", this research is interested in what living well means to each individual and the actions and beliefs that support this. Another approach focusing on the factors that promote health and wellbeing is the salutogenetic model proposed by Antonovsky (1985).

2.6.3 Salutogenic Model of Health

Derived from a combination of Greek and Latin, salutogenesis is generally interpreted as "health origins" (Kai Zhao, 2015, p.8). The salutogenetic model concentrates on the resources of an individual to maintain health, especially the beliefs that enable a person to cope with difficult situations. Antonovsky's model (1985) assumes that each of us, at different points in time exist somewhere along a healthy/disease continuum. Antonovsky was particularly interested in people's sense of coherence. He believed that people with a strong sense of coherence were better able to mobilize their personal resources to cope with life's challenges and demands (Quehenberger & Krajic, 2017). In brief, he proposed that individual health is subject to making sense of life events, using one's own skills and abilities to take care of oneself, and finally, to find worth and value in one's activities (Quiroga et al., 2010). Sidell (2009) looks at how a salutogenic orientation to health in later life may help to "reconceptualise questions about health in later life towards why and how aged and highly-aged persons stay healthy and successfully cope with chronic illness and disability" (p.326). Murcia and Kreutz (2012) believe that dancing combines several potentially salutary elements: music stimulation, body movement, and social interaction and report evidence in support of these components as potential contributors of wellbeing and health.

The focus of my study is to understand how dance can benefit older adults' health and wellbeing. This salutogenic approach aligns with the perspective proposed by Sidell (2009) and Murcia and Kreutz (2012), and aims to understand how and why older adults maintain their health and wellbeing, rather than taking a deficit-based approach that focuses on the problems and limitations of aging and falling.

2.6.4 Summary of Health

Appropriate models of health are needed in order to capture not only the potentially beneficial effects of activities such as dancing, but also to examine the "possible mechanisms that may mediate such effects" (Quiroga et al., 2010, p.157). Although in-depth understandings of the specificities of these models sits outside the remit of this review, they have a two-fold role within this study. Firstly, expansive models looking at the factors that

promote health and wellbeing contribute to big picture understandings of the differing ways individuals deal with aging, living with a fall, or a diagnosis of Parkinson's (as examples). This thesis rests upon the assumption that health and wellbeing exists both within and beyond the body and as such the diverse stories of lived experiences require broader models of health in order to theorise meaning making. Secondly, in raising attention of the continued application of the biomedical model, a principal philosophical difference is foregrounded. That the health professional and academic continues to be seen as sole knowledge holder of matters of health (Longino & Murphy, 2020), serves to exemplify the positivist stronghold within the health research arena and sheds light on the paucity of research attending to older adults' own perceptions of health and wellbeing.

2.7 Dance and Health

The relationship of dance to community health has been studied for decades and takes place in hospitals (Amans, 2017), residential homes (Horne, 2016), at home (Brierley, 2021), and community centres (Vella Burrows et al., 2021). Finding reference material within the search term 'dance AND health' that attended to dance for its own sake, rather than as a tool for "mechanical, clinical or practical goals" proved challenging (Heiberger et al., 2011, p.6). I draw attention to the fact that this research, although not explicitly researching Dance for Parkinson's, is grounded in this context as a result of the participant sample group. Half of the participants live with Parkinson's Disease. Thus, alongside material attending to Dance AND Health; Dance AND Falls; academic literature was prioritised that made reference to Dance AND Parkinson's Disease. Furthermore, the substantial body of literature already existing within this field provide a valuable foundation for further research and exploration.

It is pertinent to note that the majority of articles with Dance and Health in their title start something like this "research now positions dance ahead of other physical activity in terms of the extent of its health promoting benefits including improving balance thereby minimizing falls, calming the immune system thereby slowing deterioration and aging, and promoting new synapse connection, increasing cognitive reserve at any age" (Watts, 2013, p.46). Certainly, within the Parkinson's research, the association of dance as a form of physical exercise has resulted in a research focus that primarily functions to prove that dance can temporarily alleviate symptoms (Westheimer et al., 2015), aid neural connections (Hirsch & Farley, 2009) and improve gait regulation (Houston & McGill 2013), as a few examples.

A literature review on the impact of dance on the health and wellbeing of older adults by Trinity Laban Conservatoire of Dance and Music (2010) showed dance as a means of improved strength, fitness and balance alongside enhanced confidence and sense of well-being. Although the namesake of this internationally renowned dance academy, Rudolf Laban propounded dance as "the beneficial effect of the creative activity upon the personality of the individual at any age" (Schwender et al., 2018, p.2), the published literature from the Conservatoire has its ontological roots firmly in biomedical soil, made clear through the research objective "to produce a descriptive review of research carried out in the dance and health fields which investigated the impact of dance, both physiological and psychological, among elderly populations" (p.4). The National Arts and Health Framework in Australia whilst acknowledging the arts as "contributing to the health and wellbeing of all Australians" (Davies et al., 2016, p.304) also identifies pathways to health within the biopsychosocial model. That is: arts and physical health, arts and social health and arts and mental health. The International Association for Dance Medicine and Science (IADMS) define dance and health as "holistic, evidence-based activities for the individual to manage and adapt to physical, mental and social health challenges" (IADMS, 2020). Stemming from renowned international organisations, the examples within this paragraph serve to reinforce the biological, mental and social as the most important domains of health.

Grounded in the belief that the relationship between dance and health does not rest solely within these three exclusive domains, the literature review was extended to investigate studies reflecting more expansive definitions of health. Chappell et al.'s (2021) systematic review on the aesthetic, artistic and creative contributions of dance to health identified seven contributions: embodiment, identity, belonging, self-worth, aesthetics, affective response and creativity. Lima and Vieira (2007) conducted a qualitative study for investigating the meanings of ballroom dancing and its benefits for sixty elderly Brazilians. The authors found that after one year of participation in ballroom dance classes, older people reported varied meanings of dancing including its connection to culture. Dunphy and Ware (2018) examined the relationship between dance and quality of life for Aboriginal and Torres Strait Islander Australians, highlighting the importance not only of culture as a domain of health but also the need for concepts of health which allow for relationship to "culture, land and spirituality" (p.11).

2.7.1 Summary of Dance and Health

This study hopes to develop understandings of "how dance is best used" (Hanna, 1995, p.330) in its relation to health and wellbeing for older adults. This literature review has indicated the importance of utilising the wider determinants of health beyond the predominant bio-psycho-social domains when considering a working definition of health, in order that we may value all variables equally. Moving forward, this thesis rests on the work of McMurray and Clendon (2010) on the issues affecting individuals and communities in Australia and New Zealand. McMurray and Clendon's (2010) conceptualisation of health "as dynamic – constantly changing as our biology and genetic predispositions interact with the psychological, social, cultural, spiritual and physical environments that we live in" (p.5) reflects this study's preoccupation with the relational and processual encounters within a dance space that interact with the health of older adults who fall.

2.8 The 3c's: Community, Community Dance and Communitas

This next section of the literature review will offer up a wider debate on issues of community and community dance so that this research may later question what it about community dance that "promotes health and well being, self-confidence and better connections between you and others" (People Dancing, 2022, n.p).

2.8.1 Defining Community

Community (Noun) is "frequently used in everyday conversations, seldom defined and often misunderstood" (Miles, 2017, p.182). Howarth (2001) has also reflected, "Community as a concept is problematic in both everyday discourses and in academic research... at once taken-for-granted and highly debated" (p. 224). Provencher et al. (2014) further highlight this point by noting that community can encompass a variety of meanings, including a geographically defined area, a group of people with common interests, and a feeling of belonging and connection. These differing interpretations reflect the dynamic and evolving nature of the concept of community and the ongoing debates surrounding its definition and significance.

Whilst acknowledging that definitions of community will continue to evolve over time, this study will utilise Hillery's (1982) seminal contribution to the field of community theory, which has shaped understandings of the concept for over three decades. Hillery (1982) identified three essential components in most definitions of community: a specific location,

shared connections, and active social interaction. These three elements will serve as the foundation for the examination of community in the following section of this study, which I have aligned with traditional sociological classifications that also focus on three elements of community: these being place, interest and identity (Mahmoudi Farahani, 2016).

2.8.1.1 Community of Place

Place in relationship to community, social interaction and the feelings it engenders is relevant for both community dance and studies of older adults, for as Martin et al. (2019) say, community dance is a "socially fluid phenomenon rooted in the values of the community it resides in" (p.377). This prompts us to examine the micro level of this study, which is the "place" of communities. Despite the advancements of technology that have diminished geographical boundaries for many communities (Winterton, 2016), this study defines "community of place" as a "group of individuals who share a common physical and social location and engage in shared experiences and activities" (Joseph & Chalmers, 1995, p.79). I have made the deliberate choice to speak of "community of place" in order to fully contextualise this study, rooted as it is within geographical delineation of Te Puru as a rural village and Thames as small town (Statistics New Zealand, 2022).

As Gieryn (2000) points out everything that sociologists research is "emplaced" (p.466); it all happens somewhere. Jane Cowan (1990) refers to this in her conceptualisation of an event that is temporally and spatially bounded, that is the "dance event" (p.18). In the context of this particular study, the "dance event" is taken to refer to all aspects of the dance session that occur within the dance venue, including talking before and after class and in the sharing of tea and biscuits. Detailed descriptions of the locality of the "dance event" are peppered through participant narratives in the results chapter and expanded through the discussion chapter. Whilst only 13km out of the main town of Thames, "community of place" within Te Puru is especially important for there is are no public transport links, no post office and most pertinently for this study, no medical facility.

In line with Paulson (2005) this thesis argues that these independent variables matter in shaping "how the specificity of place shapes local life". (Paulson, 2005, p.245). Rowles (1983) has argued that the relationship between person and place may be so strong that individuals become "more and more a part of the place to the point that it becomes an extension of self" (p.303). Echoing this, Relph (2009) believes that the very identity of individuals may become bound up with their experience of place.

In recognition of the very specific identity of community and place, this study acknowledges that there are limitations to the idea of "aging in place" as a universally positive goal. Despite the goal outlined in New Zealand's current aging policies for older adults to "age in place" (Ministry of Health, 2002, 2016), there are critiques of the assumption that place is always supportive for aging adults. Walsh et al. (2014) note that community as a physically bounded place is dynamic and will reflect the ever-changing economic and social circumstances. Campbell (2014) challenges the "essentialist assumptions"(p.50) about community and identity, while Golant (2004) questions whether place matters more for some groups of older people than others.

However, within the present study, the importance of place in promoting a sense of social connectedness seems essential in understanding which places are good places to grow old and for whom. As I make the final edits to this literature review, Cyclone Gabrielle is approaching Te Puru and a state of emergency has been declared for the next seven days by the Thames Coromandel District Council (TCDC, 2023). Evacuation plans are in place. We have been told to prepare for road blockages, power outages and the possibility of mains water being cut-off. The community venue where the dance classes are held has taken over by New Zealand's Civil Defence in case people need to evacuate their homes. Phone trees are in place, people are checking on each other, and supporting each other with filling and lifting sandbags to protect homes from the predicted flooding that will accompany the cyclone. Anyone who has first aid skills has been deployed to be on alert, lists are circulating with information about who has generators, spare rooms, boats and chainsaws. In the face of adverse conditions and localised crises such as this, the "responsibility will fall to the community" to support its older residents (Joseph & Chalmers, 1995, p.89).

The challenges posed by Cyclone Gabrielle demonstrate the power of community in times of crisis. The "community of place" is strengthened by the bonds that hold it together, emphasising the strong connection between the identity of the Te Puru residents and their perception of community. The current situation serves as a vivid example of the importance of community in supporting health and wellbeing, and the need to understand what enables them to age in place well (Jaye et al., 2022).

2.8.1.2 Community of Interest

Communities of interest differ from place-based definitions in that community is not bounded by a physical setting but by a shared set of interests (Provencher et al., 2014). As individuals within a society, it is virtually impossible to completely separate oneself from some form of community and/or community experience (Pethybridge, 2017). Community dance sessions are not usually a participant's main way of spending time but rather one of many activities in which they may participate in their daily lives. For example, within the context of these sessions, the venue I am using is already the site for other "communities of interest" (e.g. skittle ball, murder mystery nights, potluck dinners and gardening club meetings).

It has been put forward by Buck (2019) that to navigate through these different communities, "individuals adapt their behaviour as they shift between communities, and inevitably shift the culture of the communities as they do so" (p.98). This idea of multiple communities and multiple ways of being holds relevance for our understandings of the way "dance sessions intersect with participants' everyday lives, including the other multiple communities they belong to (Houston & McGill, 2019).

The idea of a dialectic relationship between body and world is a long-standing theme in philosophy and social theory. Bandura's (1977) social learning theory called this reciprocal determinism. This co-constitutive interplay between self and others is foundational to the principles and values of community dance. In the process of coming into relation with one another through dance, "self and community exchange and change in mutual relation" (Bessant, 2014, p.468). On this premise, as "communities of interest" develop and change so too must "communities of identity".

2.8.1.3 Community of Identity

As Little (2002) writes "…identity, then, is not given by the fact that we are members of a certain group…individuals are likely to be members of a multiplicity of groups that are each in their own way sources of the self as they contribute to individual identity" (p.24). Little's quote raises the concept of the relationship of group identity to self. Following Rudolf Laban's philosophy, "the will to live is bound up with the will to live together" (Preston-Dunlop, 1998 in Shapiro, 2017, p.72).

The influence of positive social relationships on health has already been well established (Cohen, 2004; Murcia & Kreutz, 2012) and there is a growing evidence base that good relationships are a major determinant of health (Macnaughton et al., 2005). Understandings of health to include social determinants have been theorised to be especially relevant as we age (Wilkinson & Marmot, 2003). Paulson (2005) reinforces the fact that while the physicality of dance is important for older people, it is the social context that is crucial for enjoyment. In a comparative study of "fitness exercise" and "dance exercise" groups for older people, Paulson (2005) found that the fitness group focused on their individual health in physiological terms, whereas the dance group reflected the psycho-social benefits of "belonging" to the class (p.238). Findings from Cooper and Thomas (2002) similarly reflect the sense of community created through social dance. A particularly important aspect of their findings is in relation to the "dynamics of mutual support and reciprocity that can be seen in the lives of older people" (Cooper & Thomas, 2002, p.699).

Articulated in a different way, Clark (1973) hypothesises that community is determined by the extent to which members experience a sense of solidarity and a sense of significance. For Clark (1973), what is key is that people "feel" they can play a part in the group activity. As he states, "No person can feel a sense of belonging to a group without thereby gaining some sense of significance" (p.408).

In recognising the subjective notion of Clark's definition of community, I return to another quote from the aforementioned Little (2002); "The importance of any group will vary to different members of the group" (p.24). In as much, I wish to articulate that I do not marry notions of attendance to the sessions with notions of community. The processes that shape the coming together of the "felt" sense of community are not taken as a given outcome of attending weekly sessions. In line with Gory et al., (1985) I recognise that not all people will necessarily share the same sense of belonging. Cruwys et al., (2014) posit that it is only when a person "identifies" with a group, that is "when the group is internalized in a way that contributes to his or her sense of self" (p.141), that the group is likely to have benefits. Whilst their study context focused on depression it is cited here as being consistent with other theories which argue that it is identification with a social group, rather than group membership per se, that determines the nature of social behaviour (Turner et al., 1987, Turner et al., 1994).

Ray Pahl (2005) suggests that all communities are "communities in the mind" (p.621), an illusion that people adopt in order to create a feeling of control and autonomy over their lives. Pahl's particular theory which is based on the longitudinal study of sixty communities, over forty years contrasts objective community definitions with subjective notions of community. Howden (2001) similarly found that expressions of community from residents of the Lower Mataura Valley, Aotearoa depended on whether one was a new- comer to the district or a local born and bred. This holds relevance for methodological rigour and the research methods which shape future chapters of this thesis and this study accepts that definitions of community will likely differ and for now serves its purposes in highlighting the subjective reality that is community.

In concluding this sub-section, I contend that the setting up of "Dancing for Health" sessions provides a unique opportunity to discuss community and subsequently, community dance in relation to healthy aging. In establishing the dance sessions, I have arrived into a community of place, I am utilising two venues in which many participants already experience or have experienced community, i.e. a community of identity and I am offering a participatory activity with the hope of establishing a new community of interest. As such, I am utilising all three central aspects of community as posited by Hillery (1982) and Mahmoudi Farahani (2016) and in doing so mirror contemporary debates that highlight the dynamic nature of community. Taken together, these considerations support the premise that understandings of community, and subsequently community dance need to take an ecological approach in order to gain a more realistic picture of how the practice of community dance offers the opportunity to "enact community as well as modify its conditions of possibility" (Poynor & Simmonds, 1997, p.15).

2.8.2 Community Dance

In situating "Dancing for Health" sessions within the larger framework of Cowan's "dance event" (1990, p.18), it can be taken that for the purposes of this study, detailed descriptions of the dance styles, genres, body movements are secondary to the research question "How does dance benefit the health and wellbeing of older adults who fall?". This next section shall therefore attend to the "how" and "why" of community dance over and above the "what" and "when".

Community dance and dance in the community: what is the difference? The answer to this question is a thesis in itself and beyond the scope of this study. Along with Jasper (1997), I

do not believe it possible to define something that is, by its very essence "individual to different geographical areas, funding structures, populations and aspirations of practitioners" (Jasper, 1997 in Amans, 2008, p.6). However, for the purposes of this section, I shall go as far as to say that despite the diversity of styles, functions, experiences and practices, community dance appears through the multitude of literature (Akroyd et al., 1996; Amans, 2008; Bartlett, 1996, 2009; Houston, 2008, 2014; Preston-Dunlop, 1998) to be founded on a coherence of values and ideals.

On the People Dancing website (2022), these values are listed as:

- Placing the participant at the centre of the activity
- Respect for difference
- Dance as an empowering tool for participants in the dance and the rest of their lives
- Being inclusive, rather than exclusive

In this way, it can be understood that dance within the community, for the purposes of teaching a dance style, or fitness, or leisure as a few examples, is not necessarily community dance. The nature and function of community dance, as representative of a particular ethos within the vast realm of dance practice, can be defined by its concern with an agenda that not only embraces the art form itself, but has at its heart a belief in the potential of the medium.

Since its inception in the 1970's and into the twenty-first century, much of the literature concerning itself with community dance propounds its "transformative abilities" (Akroyd et al., 1996; Amans, 2008, Kuppers & Robertson, 2020). In 1996, Ken Bartlett, who was at the time, director of the Foundation for Community Dance wrote, "Community Dance has the power and contribution of dance in transforming and empowering the lives of individuals and their communities" (Bartlett, 1996 in Houston, 2009, p.170). As dance academic Dr.Sara Houston formulates, socially excluded participants have the potential to be empowered through community dance and "set themselves on a road to a better life" (Houston, 2005, p.166). Houston's article (2005), much cited and referenced (Barr, 2013; Murcia and Kreutz, 2012; Nakajima, 2011), draws attention to the potential of dance to enable change both within individuals and within wider social structures. Such recognition, Akroyd argues "gives justification to a social imperative for dance" (Akroyd, 1996, p.17). This idea of a social imperative is explicit in work within a "closed community" (Houston, 2005, p.168), i.e., the prison or day centres of Houston's article. However, this thesis is interested in the social

meaning of a dance practice in an "open" community, which in this study refers to those who are coming together to create a new dancing community.

Whilst celebrating dance as a vehicle for change, Akroyd (1996) argues that if dance is going to become truly meaningful in people's lives, a social agenda should be its driving force. By her definition, this ethos requires placing "the development of the individuals and their community …as of the upper most concern" (p.17). This is the point of departure for this thesis. For whilst I echo many of Akroyd's sentiments, this study does not seek "development" of individuals or community. Explorations of the social relationships that are being formed through people's participation in "Dancing for Health" sessions are the imperative in this particular study.

2.8.3 Communitas

I bring attention now to the term "communitas", chosen in order to explore community as process. In considering community as communitas, or as process, there is a shift from community as noun (as stated within the definition by Miles (2017), to verb. In this way, I align myself with Yu and Buck (2021) when they articulate community as "a way of being" (p. 188).

Communitas has come to refer to a strong sense of solidarity and bonding that develops among people experiencing a ritual, rite of passage, or another transitional state together. Turner's theory of communitas emerged from his early work on the ritual processes of primitive cultures, particularly the rituals of the Ndembu tribe of Zambia. In his seminal work, The Ritual Process, Turner (1969) defined three distinct forms of communitas. Although these definitions sit beyond the remit of this literature review, I will touch briefly upon the first form "spontaneous communitas", which I see as most applicable to understandings of the processes occurring within "Dancing for Health" sessions.

By Turner's definition, spontaneous communitas has "something magical about it" (Turner, 1969) which I take as having an existential quality about it. Beyond the sensory realm, it speaks to an understanding of a moment shared; the experience of mutual understanding through doing something together. This is a sentiment often reflected in the dance world, illustrated here by Cynthia Pratt (2017), "Even though we were in a completely bare-bones dance studio, when the dance was done there was a sense of the un-nameable bond that happens among people who intentionally move together" (p.597). Although not making direct reference to communitas, the work of Arthur Frank, sociologist and author of The

Wounded Storyteller (2013), also suggests a state of empathy and understanding that exists between bodies. He terms this, "the communicative body" (p.229). Houston (2019) applies this understanding to dancing bodies in a space, "despite participants being at different emotional stages in their individual journeys with Parkinson's, there may be instance-flashes-within the dance class where bodies align, feeling their shared corporeality" (n.p). This thesis develops this idea, working towards understandings of when, how and why these "flashes" occur in the dance space to explore how feelings of community may be shaped by such experiences.

This is not the first scholarship to see the resonance between communitas and dance. Undoubtedly, most if not all types of dancing create some level of communitas. For example, McRobbie notes how in a rave, "the atmosphere is one of unity, of dissolving difference" (McRobbie, 1993, p.418). Kravanja (2019) references the international social swing dance scene stating that the shared sentiment of togetherness observed on dance floors creates "a sort of communitas, where participants repeatedly confirm their "enchanting' social world" (p.174). O'Connor (1997) articulates communitas not as a process but as a way to describe the sense of community, or` "communitas", as a result of Irish set dancing (p.150). Cooper and Thomas (2002) similarly suggest that the collective act of dancing is a metaphor for community in their study of older women. They interpret this as "communitas", which they used to describe "intense community spirit, characterized by social equality, solidarity and togetherness" (p.269).

So, whilst other scholars have made direct reference to experiences of social dancing resulting in communitas, this study extends academic research by commenting on the noticeable parallels between the conditions theorised to facilitate communitas and the value system community dance rest upon.

2.8.4 Communitas and community dance

An immediate coupling between communitas and community dance is made in the postulation that communitas is part of what it is to be human. Edith Turner (2012), Victor Turner's wife and fellow anthropologist, eloquently describes, "Music in itself is like our blood flow, there and gone, fresh, used, and restored. Even the idea of it is emotional. It has its living existence in its performance, and its life is synonymous with communitas, which will spread to all participants ... when they get caught up in it" (p.151). In those moments when participants embody the music and the dance, communitas experiences occur. Or from

community dance scholarship, we see dance articulated "as an experience of community" (Poynor & Simmonds,1997, p.16).

Communitas is "a spontaneously generated relationship between levelled and equal, total and individuated human beings stripped of structural attributes" (Turner, 2012, p. 202). Non-hierarchical equality proposed by Edith Turner through this quote, as a central feature of communitas, is also a central tennet of the value system of community dance. I briefly acknowledge that both Victor and his wife Edith published studies on communitas. Victor Turner is credited with terming the coin as a way of distinguishing "the modality of social relationship from an area of common living" (p. 360). After his death in 1983, his wife Edith Turner published a book on communitas (2012); building on his theories and presenting manifestations of communitas within different social contexts. To avoid confusion within this thesis, I shall be clear to refer to them with their full name, so they may be individually acknowledged for their conceptual contributions to this study.

Community dance (as visualised by its code of conduct, Appendix 1), embraces the idea that anyone may dance, "irrespective of training, age, gender, ability, social circumstance or cultural background" (Bartlett, 1996, p.16). In attending to the notion that dance is for all, O'Connor (1997) comments that whilst participants in her study may have come from different social and economic backgrounds they were "rendered equal by the nature of the set-dancing encounter" (p.154). Maxine Greene (1995) terms this principle of equality as an "in-between" among different people (p.39). I see a mirroring in the equality described in Victor Turner's communitas and the "in-between" of self and community, facilitator and dancer, dancer and dancer that supports the practice and pedagogy of community dance practice.

Communitas relationships emerge when people step out of their everyday lives. As a way of describing this, Victor Turner (1969) uses the term *liminality*; a "sphere of life existing betwixt and between the structures and relationships of ordinary life" (p.44). Alongside Jaimangel-Jones (2010), I believe the dance space to be a liminal space existing "within yet outside existing social structures" (p.255). Victor Turner (1969) suggests that one of the most important aspects of liminality and communitas is their potential to generate "the germ of future social developments, of societal change" (p.52). His contention was that if liminality is regarded as a time and place of separation from normal everyday life and societal expectation, it has the potential to offer scope for change, "where normal limits to

thought, self-understanding, and behavior are undone" (p.156). I draw parallels with Wise et al., (2019) who suggest that community dance may have a role to play in education policy. They argue that in exploring the community dance values of empowerment, inclusion and participation, policy makers may observe a fertile ground for "growing citizens with democratic values" (p.387). Bartlett (1996) articulates the political nature of community dance in its potential to "challenge the modernist cultural hegemony….which makes us rethink…our relationship with each other and the world in which we live" (p.16). The potential of community dance as impetus for alternative ways of living and thinking thus aligns with Turner's theorising that moments of communitas hold potential for transformation within ourselves and by extension, the social spheres we operate in.

2.8.5 Summary of the 3 C's

In returning to the statement opening this section, "Community dance promotes health and well being, self-confidence and better connections between you and others" (People Dancing website, 2020), I argue that in conceiving community as communitas, i.e. community as a dynamic process, the statement could be re-written to read; "community dance facilitates better connections between you and others which promotes self-confidence and health and wellbeing". Communitas and community dance share at their core the founding principle that the processes of coming together encourages personal growth through the forming of relationships. "The value of community dance is revealed when the participants pay attention to the qualities present and desired, and engage in the moment in the processes of working with others" (Buck & Barbour, 2007, p.157). As such, this thesis rests on the premise that the active participation or process, that has been propounded as a fundamental ingredient of communitas, community and community dance, is also a fundamental ingredient of what it means to be healthy.

2.9 Falls

Falls have been identified as a "critical global challenge" within the World Falls Guidelines (Montero-Odasso et al., 2022, p.5). In New Zealand, one in three people over the age of sixty-five will fall at least once a year (Sherrington, 2019). The Accident Compensation Corporation (ACC) estimated that the 155,000 claims made in 2020 for falls and fracture-related injuries cost NZ$195 million (US$140 million, Euro 121 million), representing a 47%

increase since 2013 (Stats NZ, 2020). These statistics have prompted a government response including individual patient assessment and treatment, specialist outpatient and inpatient fall services such as the Thames Falls Clinic at Thames Hospital and falls prevention models such as the Live Stronger for Longer programme (Binns et al., 2011).

This next section of the literature review provides an overview of falls for the community-dwelling elder. It defines falls, briefly discusses the factors which influence falling, and evaluates research concerning the role of fall prevention.

2.9.1 Defining falls

As phenomenological research, the link between the phenomenon of falling and the psychosomatic perceptions of falling is of particular interest to this study. Thus, whilst this next section of the literature provides an overview of falls for the community-dwelling elder, subsequent sections are primarily concerned with locating research that seeks individual's meaning making of falling and falls prevention interventions.

A person's fall is a complex interaction between their individual environment and his or her specific risk factors (Rubenstein, 2006; Jones et al., 2016). The way in which a person processes a fall is similarly a complex individual journey. As research situated in a community context, articles making reference to community-dwelling elders shaped the initial inclusion criteria for this review. Henceforth, a community dweller is defined as "someone living in a private residence, not a hospital, nursing home or retirement home" (Steinmetz & Hobson, 1995, p.14). A necessary distinction has been made according to the environment in which the fall occurs, for as stated by Steinmetz and Hobson (1995), "the risk factors and prevention strategies used in institutional settings are quite different from those found in the community" (p.16). In the same way that "older adult" as a term is problematic for its over simplification, it should be noted that "community-dweller" represents both healthy and frail men and women encompassing a wide age range and living in different circumstances (Yardley et al., 2006, p.509).

The Kellogg International Work Group on the Prevention of Falls in the Elderly (1987) recognised the need to: (a) define a fall in order to clearly identify which events could be included as a fall and which could not, and (b) to classify different types of falls in order to allow comparability between research results (Zecevic et al., 2006). Bearing this in mind, from the outset this thesis aligns itself with WHO (2008) in utilising Tinetti et al.'s (1988) definition of a fall "as an event which results in a person coming to rest unintentionally on the

ground or other lower level, not as a result of a major intrinsic event (such as stroke) or overwhelming hazard" (p.1701).

2.9.2 Factors which influence falling

Falls are not part of the normal aging process (Gibson, 1987) and occur ultimately because of "a failure to respond rapidly and effectively to perturbation during walking or when transitioning from one position to another" (Lord et al., 2020, n.p.). The causes of falls are often "multifactorial" with risk factors for falls categorised as extrinsic or intrinsic (Skelton & Todd, 2005, p.196). Intrinsic risk factors are specific to the individual. These include neurological conditions such as Dementia (Burton et al., 2015) Parkinson's (Sharp & Hewitt, 2014) and Stroke (Da Silva et al., 2014). Intrinsic factors also include visual impairment and vestibular difficulties, arthritis and osteoporosis all of which can affect cognition, gait, and postural control (Lord et al., 2006). Extrinsic factors are social and physical factors that relate to the external environment (Lord et al., 2006). These include the utilisation of multiple drugs to treat a disease or ailment (Ribeiro et al., 2018) and environmental hazards including (but not limited to) clutter, absence of handrails, furniture with sharp corners, inadequate lighting, unfastened rugs and obstructed passages (Lord et al., 2006).

Increasingly, there is an awareness of gender differences in relation to falls with findings reporting that women are 40%–60% more likely to fall than men (Yoshida, 2007; Chang & Do, 2015). Gale et al. (2016) found that there are specific risk factors for men and women, including incontinence and frailty for women; and depression, balance and older age for men. Timsina et al. (2017) found that men slip, compared to women who are more likely to trip. Further gender differences include increased osteoporosis in older women, attributed to women being less "likely to engage into the practice of muscular building physical activity though the life-course" (WHO, 2008, p.14). Horton (2007) presented a sociological view highlighting similarities and differences between older men and women regarding risk of falling. It was found that men were less likely to blame themselves for falling compared to women, who tend to blame the fall on their own carelessness.

Gender differences are also purported within research suggesting that men are more likely not to seek medical care until a condition becomes severe (Stevens et al., 2012). Men are more likely to be endangered through physical activity and risky behaviours such as climbing high ladders, fixing roofs and are more likely to ignore the limits of their physical capacity (WHO, 2008). So, whilst women are theorised to be at greater risk of falls, men are more likely to

experience higher mortality rates from falls (Chang & Do, 2015). I struggle with this simplistic divide of male/female as the sole driver of behaviour and, in line with Lord et al., (2006) wonder about the influence of personality type in risk taking behaviour as much as gender.

2.9.3 Consequences of Falls

Falls are the leading cause of disability and accidental death in older adults (Gillespie et al., 2012; Deandrea et al., 2013). Injuries from falling include bruises, lacerations, fractures, head trauma, disability, and death (Szymaniak, 2015). Hignett et al., (2013) examined 19,890 falls finding that 67% caused no injury, 30% caused minor injury, 3% caused moderate injury, and less than 0% were linked to major injury and/or death.

Hip fractures are the most common serious fall-related injury in the over eighties (Jones et al., 2016), resulting in more hospital admissions than any other type of injury (Abrahamsen et al., 2009; Bunn et al., 2008). The statistics for this injury are stark with only half of those who survived a hip fracture able to walk unaided again (Osnes et al., 2004). Furthermore 10% to 20% of community-dwelling older adults will be admitted to residential care post hip fracture (Bertram et al., 2011) with figures suggesting that 27% of older adults will die within a year of their hip fracture (Jones et al., 2016).

New Zealand's, Health Quality and Safety Commission's 'Reducing harm from falls' report (2016) showed a reduction in the number of (in-hospital) falls that resulted in a hip fracture. The Commission's initiative was the first in the world to report reductions on a national scale with figures citing a 40% reduction in the period between December 2014 and June 2016 (Healey, 2016). This has been attributed in part to the introduction of an adaptive model of falls prevention; where patients, families and healthcare staff work together to understand what helps each individual. This is reflected in this quote from Dr Healey, who at a Falls Conference in Wellington, New Zealand stated "Every older person is different. Don't try to answer the question 'What will stop older people falling?' and just repeatedly ask 'What might stop this person falling?'" (Healey, 2016). Statements by the World Health Organisation (2018) similarly outline the importance of person- centred care which "meets the needs of the individual older person" (Beard et al., 2016, p.2152).

In 2020, the Health Quality and Safety Commission similarly gave "a call to arms for individualised and integrated approaches to falls prevention" (hsqc, 2020, p.89). The academic literature has yet to respond to this call (Gardiner et al., 2017). Gathering

knowledge from the perspective of the faller, this study aims to redress the lack of participant perspective by adopting a qualitative approach demonstrated as effective in collecting data regarding individual perspectives and experiences (Creswell, 2003).

2.9.4 Fear of Falling

This research aligns itself with Tinetti and Powell's definition of fear of falling as "a lasting concern about falling" (Tinetti & Powell,1993, p.36). This is based on a finding from Lee et al. (2008) that individuals can remain fearful of falling up to four to eight years after a fall. Exploring how individuals perceive life post fall forms the heart of this research enquiry. As such the psychological consequences of falls are deemed particularly relevant.

In earlier research, it was assumed that fear of physical harm and functional incapacity were the basis for developing a fear of falling and that these were the main factors for avoidance of activity (Dingová & Králová, 2017). However, Yardley and Smith's (2002) questionnaire study identified that alongside physical injury, fears included loss of independence, social embarrassment, and loss of confidence. These findings are consistent with the findings of Tischler and Hobson (2005) who similarly highlight that it is not simply a case of fear of falling. Loss of independence, fear that the fall is a sign of decline, and fear of social embarrassment are also important psychosocial consequences. Mahler and Sarvimäki (2012) mention fear of falling as "the invisible elephant in the room, a symbol of taboos and communication barriers" (p.39). Weeks and Roberto (2003) add to this notion by identifying that for the participants in their study, the stigma associated with falling was not related to the physical aftermath of falling, but to how others would see them.

The psychosocial factors influencing responses to falls have not received much attention (Kloseck et al., 2007). One exception is an in-depth phenomenological study of fear of falling by Mahler and Sarvimäki (2012). Their findings based on narrative interviews revealed that the older adults they spoke to live with the fear of falling as "a challenge" (p.38). This challenge comes from living with loss of control, "from falling, from incontinence, from dirt and from the stigma of being in a humiliating situation or dependent on others peoples help" (p.42.) In their findings Mahler and Sarvimäki voice their belief that as a consequence of this vulnerability, the older women "turn daily life into a story of meta-control" (p.43). Referring back to Arthur Frank's (2013) four "ideal typical bodies" (p.29), parallels are drawn between Frank's disciplined body type and the coping strategies referenced as control within Mahler and Sarvimäki's study (2012). Mentioned previously by

Houston (2019) in relation to Parkinsonian bodies, it suggests that personal stories involving a changing body through illness or a fall, share a central journey of re-conceptualising the relationship to self, the body and the world around them.

2.9.5 Falls Prevention Interventions

A wide range of falls prevention approaches are available for community-dwelling older adults. These include home environment modification, community environmental safety programmes, group falls prevention education classes and group and at home strength and balance programmes (Day et al., 2002). For this research, when talking about falls prevention it is in reference to falls prevention interventions that include physical activity.

"Dancing for Health" is situated as a falls prevention intervention, alongside other strength and balance programmes. It sits within New Zealand's Falls Prevention movement "Live Stronger for Longer", the Ministry of Health, ACC, the Health Quality and Safety Commission and Age Concern. "Dancing for Health" has been given the "tick of approval" as a strength and balance class and as such has a partnership with Strong and Stable including Waikato's lead partners Midland Pharmacy Group. The theoretical and practice based principles of "Dancing for Health" sessions are taken from the Otago Exercise Programme (OEP).

OEP is the most widespread falls prevention programme across New Zealand and has also been disseminated in the United Kingdom, Europe, Canada, and United States (Sherrington et al., 2017). Two systematic reviews have concluded that the OEP benefits both physical functioning and falls reduction (Deverall et al., 2019; Sherrington et al., 2017). It is important to note is that whilst ACC used to fund OEP classes nationally, there are currently "no national programmes or mass media interventions to promote such interventions" (Deverall et al., 2019, p.259). Falls prevention campaigns within the Waikato district specifically have previously included Sport Waikato's Active Living Programme and Green Prescription. However, as of December 2020, Sport Waikato ceased funding for all these programmes citing lack of increase in physical activity rates in the Waikato region over a ten year time period (Sport Waikato, 2020). As a result, "Dancing for Health" sits in partnership with Strong and Stable but the classes are self-funded by participants with referrals from local health providers including GPS, the Parkinson's nurse, and physiotherapists. This has important implications when considering that cost has been widely cited as a barrier to participation in exercise (Høst et al., 2011).

Gillespie at al.'s (2012) systematic literature review of interventions for preventing falls in older people living in the community concluded that among the varied strategies that have been developed, both group and home-based exercise programmes effectively reduce rates of falls and risk of falling. Concretising these findings, Deverall et al., (2019) report that strength and balance focused exercise programmes can decrease risk of falls as well as the risk of fractures. Sherrington et al. (2020) report "there is high certainty evidence that exercise interventions reduce the rate of falls by approximately 25% in community-dwelling older people" (p. 5).

However, whilst the evidence is clear that exercise is a key component in falls prevention, there are reported issues with attendance and adherence. Dollard et al., (2012) identified that uptake of exercise prevention programmes was only 46-67% whilst Shankar et al., (2017) found that despite emergency department admissions for a fall-related injury, many older adults did not partake in fall prevention programmes after discharge. Several authors raise the possibility of a mis-match between service provision and how participants make sense of those services, with factors such as risk perception (McInnes et al., 2011), attitudes (Yardley et al., 2006) and self-ideologies such as independence and identity (McMahon et al., 2011), required to understand how older people experience these interventions. Walker et al., (2011) sought to examine the relationship between personal and collective identities and a falls intervention programme. Study findings revealed that by and large, the participants had a preconceived idea of a person who falls and strived to demonstrate how they differed from this. One participant who had fallen five times in an eighteen month period, identified themselves as a "non-faller" (Walker et al., 2011, p. 24) which serves to illustrate the imperative of matching individual perceptions with top-down responses to falls. Ballinger and Payne (2002) described that falling was not a high concern to older people's own overall health. They suggested that there was a lack of ownership over falling with important implications including misjudging their likelihood of falling, not seeking medical advice, and not reporting falls.

I suggest that there are strong theoretical ties to discourse on the dominant "successful aging" narrative of the Western world which in the aging section of the literature review suggested may be constructing a moral framework by painting a picture of dependent older adults as "irresponsible, failed citizens" (Katz & Marshall, 2018, p.5). The negative "cultural and linguistically embedded notions of aging and falling as a loss of personal control and autonomy" (Mahler & Sarvimaki, 2012, p.39) correlate to the studies cited in this section,

which indicate that older adults reject the label of "faller" because of the perceived implication of dependency, incompetence and failure.

2.9.6 Dance as Falls Prevention

Dance as a potential alternative to existing falls prevention exercise was first proposed in public health literature in 2003. Interestingly it was not a conclusion gained from dance classes aimed at older adults but rather an acknowledgment of the exceptional balance abilities of professional young dancers (Judge, 2003). Compared to activities such as exercising and walking, dance has the advantage of combining sensory, motor control and musculoskeletal systems (Bennett & Hackney, 2018). An increasing number of dance-based studies involving older adults have been published with evidence supporting the beneficial effects of dance on the measurable outcomes of balance, gait, strength and dynamic mobility - the key risk factors for falls (Fernández-Argüelles et al., 2015). Aerobic dance has been shown to improve physical function, health-related quality of life, balance, and mobility (Shigematsu et al., 2002); a contemporary dance study showed increased functional performance and physical activity levels (Keogh et al., 2009); Argentine tango is believed to improve physical function and balance (McKinley et al., 2008) and traditional Greek dance enhances static and dynamic balance (Sofianidis et al., 2009).

Through the literature review I noted great disparity in the variables associated with the interventions including the dance styles, intensity, duration and frequency of intervention, the functional tests used and inclusion and exclusion criteria. For example, Cruz-Ferreria et al.'s (2015) creative dance intervention consisted of a twenty-four week, three times a week, fifty minute class. Bennett and Hackney's (2018) line dancing for falls classes met for one hour, twice a week for eight weeks whereas Hansen at al., (2021) offered community dance sessions that lasted for three and half hours over four consecutive days.

It is apparent that as a tool for falls prevention, the specific elements required of a dance based falls prevention class in relation to physical outcomes have yet to be established. This correlates with Newall de Jesus's study (2021) that reveals a complete lack of systematic examination and documentation of what constitutes a dance class. I have included a detailed template of the lesson plan guiding "Dancing for Health" in Appendix 2, so that the specific "ingredients" (Newall de Jesus, 2021, p.1) of the dance class are explicit and contribute to practice and pedagogy within this evolving field.

For now, the focus of this study is in relation to dance as a community-based approach to falls prevention. In this way, the opportunities for social engagement through dance guides the next section of this review.

2.9.6.1 Dance, Social Interaction and Prevention

> **"Social connection and inclusion are vital to health in older age. Social interaction is inversely related to the risk of falls"** (WHO, 2008, p.18).

Agha et al. (2015) define social creatures as "individuals who appreciate human connections to guide and motivate them to be active" (n.p.). One of the key findings from their Canadian-based qualitative study of a DVD-delivered Otago Exercise Programme (OEP) was the relationship between social interaction and motivation for the adherence of exercise habits. Most participants reflected that if they were in a group OEP session involving peers and live (as opposed to virtual) instructors, "they could feed off others' energy and ensure proper exercise techniques" (Agha et al., 2015, n.p.). Hansen et al., (2021) set out to design and evidence a dance intervention with the explicit intention of facilitating social inclusion. This was done primarily though collaborative tasks and the sharing of autobiographical movement material during the hour long creative dance sessions. Of significance is the period of isolation as a result of Covid-19 which resulted in two sets of post intervention tests being conducted within Covid-restrictions. Unfortunately, the researchers do not specify the restrictions, so whether they were in isolation or social distancing is unknown. However, what is of importance to the present study is the finding that 70% of the participants formed social connections during the intervention which they maintained through the Covid-19 restrictions. Although participants had only been dancing together for four days, this speaks to the level of communitas created through shared corporeal experiences.

The importance of meaningful social contact resonates with Bertelsen et al.'s findings (2019) regarding "empathetic and authentic care and interest from another human being" (p.6) as being considerably more important than having someone to help with domestic chores or support them with activities of daily living. Both studies speak to the importance of quality of contact over quantity and by association the call for more qualitative research methodologies which can further explicate what meaningful contact for each individual might mean.

2.9.7 Summary of Falls

This review indicates a clear gap in the literature surrounding the experiences of older adults when they engage with falls prevention programmes. In a similar way to the health located research, the literature review concerning falls prevention interventions revealed a predominantly quantitative agenda, including much of the qualitative literature citing methods such as tick-box questionnaires. Such heavily weighted outcomes-focussed, evaluative approaches (Noice et al., 2014; Shigematsu et al; 2002; Vella Burrows et al., 2021) come as no surprise when we link back to the dominant narrative of concerns about the economic, health and social "problems" of aging. However, for the purposes of this thesis, information alone is not enough, it needs to be framed so it allows for "the freedom of expression necessary to reflect on the unique context of elders lives" (Rahshida et al., 2019). As the ultimate goal of health and social policies is to increase the quality not just the quantity or length of later life, subjective perceptions necessarily need a more prominent place within academic discourse, in order to construct more comprehensive and culturally-sensitive concepts of the key phenomena of health, aging and falling that frame the research question "How does dance benefit the health and wellbeing of older adults who fall?".

2.10 Summary of Literature Review

The focus of this research is to establish how participants perceive benefit in relation to a weekly "dance as falls prevention" class and how important the fall aspect was in motivations for attendance. To achieve this goal, the research question was broken down into component parts and analysed through a comprehensive review of existing literature in the fields of falls, health, aging, and community dance. The findings from the literature review highlight the influence of positivist philosophy in the field of dance and health research, which evaluates dance interventions in terms of measurable outcomes in bio-psycho-social domains. Furthermore, a strong moral imperative of how older adults "should" age was revealed with emphasis on the importance of individualism, productivity, and activity.

Given this context, the use of evidence-based and measurable approaches largely framed dance as a tool to solve the "problem" of older people's fall. As the ultimate goal of health and social policies is to increase a "Better Later Life" (Ministry of Health, 2022), subjective perceptions necessarily need a more prominent place within academic discourse, in order to

construct more comprehensive and culturally-sensitive concepts of the key phenomena of health, aging and falling. The current study aims to address the lack of research identified through the literature review by examining the opinions and lived experiences of older adults, and thereby contributing to future research, policy, and practice that supports the development of Aotearoa New Zealand's healthy aging agenda.

3 Methodology

3.1 Introduction

The research question "How does dance benefit the health and wellbeing of older adults who fall?" seeks to understand the lived experiences and meanings of dance, health and falling for older adults. The following section locates and justifies the ways in which I have applied understandings of scholarship from the qualitative research field. It sets out how I have come to find what feels to be the most appropriate methodological approach to answer the questions: “What is happening here?” followed by “What sense can I (as researcher) make of this?” (Koch, 1999, p.23).

As an emerging researcher seeking to extend my own knowledge through the scholarship of other academics, writing this chapter has illustrated what a deeply personal process designing a research study is. For every decision there are a host of philosophical, theoretical and ethical considerations. As Denzin and Lincoln say “qualitative research is an inquiry project, but it is also a moral allegorical, and therapeutic project” (Denzin & Lincoln, 2011, p.xiii).

This methodology chapter serves as a comprehensive guide to the research design, methods, and data analysis techniques employed through the present study. The first section of the chapter proceeds in explaining why a qualitative, interpretive approach was chosen to answer the research question, with hermeneutic phenomenology and narrative inquiry as the theoretical lenses to examine the lived experiences of the participants.

The second section of the chapter provides a detailed explanation of the data collection methods used, including: interviews, focus group discussions, and reflective journaling. These methods which were selected for their ability to provide rich and nuanced understandings of the ways in which dance benefits the health and wellbeing of older adults who fall.

Finally, the last section attends to how the data was analysed, with thematic analysis as guided by Braun and Clarke (2006). As a complete methodological framework, the phenomenon of health, dance and falling were studied holistically and within the context of meaning systems employed by the older adults themselves.

3.2 Why qualitative?

> **"As long as we conceptualize the issues of knowledge processes in terms of information transfer without giving sufficient attention to the creation and transformation of meaning at the point of intersection between different actors' life-worlds, and without analyzing the social interactions involved, we shall have missed the significance of knowledge itself".**
> (Long, 1992, p. 274 cited in Chouinard & Cram, 2019).

When I talk about qualitative research, it is understood as a family of methodologies that focuses on the meaning and interpretation of experience (Silverman, 2013). The epistemological and ontological assumptions of qualitative investigations are distinct from those underpinning quantitative research. In tracing the root of the word from its Latin origin "qualitas", Erickson (2011) highlights the emphasis on the qualities and characteristics of entities in qualitative research, while the Latin origin "quantitas" focuses on differences in amount (Erikson, 2011, p.43).

With this in mind, it can be understood that the methodology of qualitative research centres on interpreting and understanding experiences, as opposed to quantifying data. While quantitative research is founded on the understanding that there is one single objective truth that can be observed or measured, or "the belief that phenomena can be reduced to their constituent parts, measured and then causal relationships deduced" (Baum, 1995, p.461), qualitative research takes a different stance. Qualitative research as an approach takes a holistic perspective on phenomena, prioritizing understanding over measurement (Baum, 1995). For Bryman (1984), qualitative research also indicates preference for contextual understanding so that behaviour is understood in the "context of meaning systems employed by a particular group or society" (pp. 77-78). Denzin and Lincoln (2018) similarly voice an "interpretive, naturalistic approach to the world" (p.10).

This research is intended to sit alongside quantitative research in the falls arena which to date have established causality (Skelton & Todd, 2005), the consequences of falls (Gillespie et al., 2012; Deandrea et al., 2013) and evidenced a number of falls prevention interventions from home modification to Tai Chi (Day et al., 2002). Quantitative studies have shown that falls prevention programmes can reduce both the number of falls and the risk of falls (Gillespie et al., 2012, Deverall et al., 2019). However, answers to questions such as "How does the faller

perceive and access recommended falls prevention interventions?" remain largely unexplored and cannot be evidenced through measurement. In line with Crotty (1998) and Schwandt (2007), I consider that the natural scientific world and the world of everyday human affairs are inherently and contextually different, and therefore enquiries in these different worlds necessitate different approaches, which is why I am taking a qualitative approach in this study.

Employment of qualitative methods enables researchers such as myself to "apply theoretical understandings to otherwise rhetorical concepts such as participation" (Baum, 1995, p.464). As Brierley proposes in her doctoral research (2021), qualitative inquiries allow the researcher to describe the benefits of dance other than in physical terms. Within this study, a qualitative research approach offers the possibility of rich descriptions and creates opportunity to develop an understanding of the meaning of community dance as it presents itself in relation to the everyday reality of Thames and Te Puru older adults who live with falls.

3.3 Paradigms underpinning study

> **"The net that contains the researcher's epistemological, ontological, and methodological premises may be termed a paradigm"** (Guba, 1990, p.17).

Research paradigms are frameworks that provide a basis for understanding how knowledge is acquired and how researchers can access that knowledge. I have used Denzin and Lincoln's (2011, 2018) five major research paradigms to guide the research design for this study. These are a) positivism b) post positivism c) critical theory and d) constructivism/ interpretivism and e) participatory.

In imaging Denzin and Lincoln's paradigms as a continuum rather than a table (as presented within the handbook), it can be understood that the constructivist/interpretive tradition sits at polar opposite ends from the positivist tradition. The inherent worldview in the positivist paradigm maintains that the object of study is independent of researchers; knowledge is discovered and verified through direct observations or measurements of phenomena and facts are established by taking apart the phenomenon to examine its component parts (Gray, 2013, p.21). In contrast, the constructivist/interpretive tradition stresses the dynamic, constructed and evolving nature of reality "through the eyes of those being studied" (Travers, 2001, p.8.).

The most recent edition of Denzin and Lincoln's Handbook (2018), sees further paradigms added including multiple versions of feminism, indigenous and disability theories. Discussion of the evolution of these paradigms sits outside the remit of this chapter yet I mention them here in acknowledgment of the ways in which research reflects contemporary thought and politics. "For, if a new thought or belief is emerging, it is necessary to construct a parallel new paradigm of inquiry" (Denzin & Lincoln, 2018, p.97). In this way, paradigms (and by extension) methodologies in qualitative research are an ongoing dialogue (Thorne et al., 2004) and it can be understood that we are living in a fluid time in which "paradigm of choices rejects methodological orthodoxy in favour of methodological appropriateness as the primary criterion for judging methodological quality" (Baum, 1995, p.464).

The focus of this study is on gaining understanding by interpreting subjective perceptions of the research phenomenon. As such, the choice of methodology is guided by the research aim to understand the lived experiences of older adults who fall and how they believe dance is benefitting their health and wellbeing. It is underpinned by the idea that terms are shaped by the "intent of their users" (Schwandt et al., 2007, p.221) and that there is no one way to interpretive, qualitative inquiry (Denzin & Lincoln, 2011). This approach aligns with the constructivist/interpretivist paradigm (Guba & Lincoln, 1994), which assert the importance of understanding the meaning and interpretation of experiences in the context of the participants' personal experiences and meaning systems. It includes my own values, assumptions and histories as part of the research process.

Whilst often used interchangeably with constructivism, the conscious choice of the term interpretivism marks a small but noteworthy aligning of this research with Gadamer's teachings on hermeneutics. Through his philosophy, I maintain that understanding and interpretation are inseparable partners, bound together in an "evolving process" (Gadamer, 1996, p.71). In moving forward, I thus employ interpretivism as the predominant paradigm within which this research locates itself.

3.3.1 Interpretivism

> **"All knowledge is an interpretation"** (Thorne, 2016, p.32).

My inquiry acknowledges that there is no single objective truth (Koch, 1999) but rather that research participants will offer diverse interpretations of the dance experience, health, and falling based on their own meaning-making processes. Having established this research within an interpretive framework, this study considers that "realities are apprehendable as

multiple, intangible mental constructions that are socially and experientially based, as well as local and specific in nature" (Racher & Robinson, 2003, p.469), my inquiry acknowledges that the understanding of the research phenomena is always influenced by the meaning systems of the participants, alongside my own values, assumptions, and experiences.

3.4 Epistemological/ontological considerations

The epistemological and ontological stance underlying this research has required a critical examination of my own perspectives as a researcher, including a questioning of how I, as researcher, see the world; "what is reality?" (ontology) and "how do I know what I know?" (epistemology) (Koch, 1999, p.2). Additionally, this has necessitated an examination of the extent to which my own positioning as researcher shapes and informs the aims of the study. In order to guide this process, this section of the methodology chapter will draw on the work of Guba and Lincoln (1994) on ontology, epistemology, and methodology. This will allow for a thorough exploration of how my own assumptions and perspectives shape the research process and the extent to which they intersect with the study's objectives.

3.4.1 Ontology

Ontology can be thought of as the search for understanding what it means to be, rather than what it means to know (Koch, 1999). There are two main ontological positions; relativism, which holds that multiple realities exist (Guba & Lincoln, 1994), and realism, which posits that the world exists independently of human action and observation (Blaikie, 2007). These positions align with the major research paradigms of interpretivism and positivism, respectively. A brief review of these two traditions and their ontological positions will contextualise this chapter's discussion.

Positivism, as a paradigm, assumes the existence of a single objective reality that can be uncovered through the use of objective research methods (Fraleigh & Hanstein, 1998). Polkinghorne (1983) describes this as a "received" view of science, a truth which exists apart from ourselves" (cited in Laverty, 2003, p.26), whilst Gadamer (1996) refers to positivism as a "unitary method of understanding" (p.5). Methodologically, research stemming from this worldview tries to ensure the absence of the investigator's influence or bias, "only that which could be verified could have validity as experience" (Gadamer, 1996, p,5). Included within a realist worldview is the belief that body and mind are separate; otherwise referred to as

Cartesian duality. Just one example of the “Cartesian stronghold” (Lala & Kinsella, 2011, p.79) that underpins the falls research can be witnessed in the isolation and presentation of lower limb strength as a predictor of falls (Cho et al., 2012).

In contrast to the Cartesian view of the body as separate from the mind, Hans-Georg Gadamer (1996), a German philosopher who shares my passion for seeking understandings of how we make sense of health, argues for an "absolute inseparability of the living body and life itself" (p.71). This approach is rooted in the idea that the body is not just a machine, but the centre of our existence which “radiates all existential possibilities” (Benner, 1994, p.53). By adopting a relativist ontological stance, this study acknowledges the inextricable link between the body and mind asserting that research cannot be "disembodied" (Hamedanchi et al., 2021, p.1234) as it is always connected to a real person in a specific context of individual, social, and historical life circumstances.

This study is rooted in understandings of health and wellbeing, and interpretivism as a framework offers an approach that supports conceptualisations of health not as one of component “in an objective machine” (Benner, 1994, p.53), but rather as a complete living, experiencing, subjective, dynamic and embodied state of being.

3.4.2 Epistemology

An epistemological perspective is a “philosophical orientation that provides a basis for deciding what kinds of knowledge are possible, how knowledge is obtained, and where the researcher is situated both in the human world and in the inquiry process” (Park Lala, 2011, p.60). Epistemology outlines the assumptions and beliefs that guide the research process, defining the researcher's position in relation to the research topic and participants (Crotty, 1998). In short, it is a fundamental aspect of research that determines what type of knowledge is considered valid and how it is obtained.

This study is guided by the interpretive paradigm, which holds that reality is constructed through social and personal experiences and is shaped by the researcher's perspective (Guba & Lincoln, 1994). This implies particular epistemological assumptions built upon the fundamental assertion that all dimensions of the human experience are “culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998, p.67). In this way, the present study acknowledges that the health and wellbeing claims of the participants are not fixed and unchanging, but rather shaped by their personal and social experiences. As Bold (2011) noted, “a person’s record is not an exact record” (p.18). Therefore,

understanding and interpretation are bound together and interpretation is understood as an evolving process (Laverty, 2003).

Unlike positivist approaches, the interpretive approach does not rely on external generalisations or confirmation of hypotheses to claim validity and trustworthiness. Instead, it establishes validity and trustworthiness through "personal accountability, caring, the value of individual expressiveness, the capacity for empathy and the sharing of emotionality" (Collins, 1990, p.216 cited in Denzin & Giardina, 2007, p.35). The remainder of the chapter sets out the ways in which this was achieved including the utilisation of regular member-checking and a strong ethical code of conduct maintained through research and practice.

3.4.3 Summary

I turn to Conroy's (2003) metaphor of "footprints" to summarise the ontological and epistemological concepts of this research, "It is appropriate to think of participants as placing their footprints on the world and in the world in the dance of life. Footprints are unique, but they blend with the earth's contours or with others' tracks and fade or stray" (p.37). The metaphor of footprints speaks to the reciprocal, interpretive way we exist in the world where structures of meaning are made through our actions and inter-actions; the blending of footprints with earth and with others in their cultural and social wholeness. This also speaks to the end goal of interpretivism to comprehend the entirety of human experiences and perspectives, rather than just isolated elements (Stilwell & Harman, 2020). It is this holistic approach that makes it a the most appropriate paradigmatic fit for a research study such as this in which the constructs at hand (dance, falling, health and aging) are dynamic, complex and ever-evolving.

The next section will lay out the methodology as "the study—the description, the explanation, and the justification" (Kaplan, 1964, p.18) that best facilitates these processes of meaning making and understanding.

3.5 Methodology

Methodology focuses on "the best means for gaining knowledge about the world" (Denzin & Lincoln, 2018, p.97). This study is concerned with the complexities of the falling and aging experience for the participants in this study. The various ways in which they experience themselves and the world through meaning-making, interpretation, subjectivity and bodily feeling will form answers to the research question "How does dance benefit the health and wellbeing of older adults who fall?". Thus, a methodology was sought that facilitated understanding from participant perspective.

The philosophy of hermeneutics, is concerned with both the interpretation of human experiences and the understanding of meaning, with an emphasis on the context in which they occur. This makes it an "appropriate" (McKinlay, 1993, p. 110) methodological fit for the nature of this research question. Whilst a hermeneutic framework guides the meaning making process and how the stories are shared, the turn to narrative inquiry as a second strand allows those stories most significant to the research participant to become an integral aspect of the research study (Clandinin & Connelly, 2004).

3.5.1 Hermeneutic Phenomenology

Phenomenology emerged in the early twentieth century as a response to the use of the positivist model in studying human experience (Mcphail, 1995). Despite its widespread popularity, philosophers of human sciences such as Husserl (1913), Heiddeger (1927), and Gadamer (1960) objected to "the analogy that was made between the content of the natural sciences—the natural world of plants, animals and other non-human material matter—and the subject matter of the human world, human beings, and their cultures" (Mcphail, 1995, p.159).

Husserl (1913), acknowledged as the father of phenomenology (Racher & Robinson, 2003), argued that the positivistic paradigm was inadequate for studying human experience because it neglected the role of "human consciousness" in creating meaning (Mcphail, 1995, p.159). Gadamer (a student of Husserl) also concerned himself with the human experience. He writes, in Enigma and Health (1996): "So what possibilities do we really have when it comes to the question of health? Without doubt it is part of our nature as living beings that the conscious awareness of health conceals itself" (Gadamer, 1996, p.143). Gadamer's definition of health, as having a hidden character is noteworthy for it highlights the central aim of this research to uncover older adults' perceptions of health and wellbeing after a fall.

I adhere to Gadamer's philosophy (1975, 1996), which argues that a purely phenomenological approach, characterized by the separation of researcher and research subject, is untenable. I embrace the interpretivist epistemological viewpoint that states that researchers cannot entirely disengage themselves from the research process. Thus, I choose hermeneutic phenomenology, rooted in Gadamer's philosophy as methodology.

I adopt Gadamer's (1975) central idea that interpretation is a "fusion of horizons", which is to say that the convergence of my personal understanding and that of my participants is where we will arrive at a shared understanding. The goal therefore is not to see the research through the lens of participants, but to collaborate towards a mutual understanding. Additionally, I acknowledge that the reciprocal interaction through dialogue in interviews and focus group discussions mirrors the processes of community dance where participants' perspectives are likely to influence and broaden each other, as described by Barak (2020). This is embodied in the "hermeneutic circle", another key aspect of Gadamer's work, which concerns the cyclical process of interaction and understanding that leads to deeper understanding of the phenomena at hand (Alsaigh & Coyne, 2021).

3.5.1.1 Embodiment

Whilst Gadamer's hermeneutic phenomenology does not explicitly focus on embodiment, it is consistent with the idea that our understanding of the world is shaped by our experiences, including our bodily experiences. Authors such as Nettleton and Watson (2002) argue that although there has been much theorising about embodiment, there have been relatively few studies focusing on the significance of the body in people's daily lives. Working from the understanding that "the body is the access to the world and the means by which experience occurs" (Racher & Robinson, 2003, p.474), I argue embodiment may support additional understanding of how and if, bodily connection to the world and self is disrupted after the event of a fall.

Fernandez (2020) draws on the philosophy of phenomenology, particularly the concept of Leib and Körper; the "lived body" and the "corporeal body" (p.4405), to reflect on embodiment and objectification within a health care context. The two perspectives on the same body—"a body that is always perceiving and engaging with its environment (the lived body) while at the same time a physical object within this environment (the living body)" (Fernandez, 2020, p.4405) form a key methodological footing for this study. In coming from an understanding that "we do not have our bodies, but we are our bodies" (Fernandez, 2020,

p. 4405), this research posits that the lived body as subjectively felt may differ from the living body as objectively defined.

As an example, I offer up the phenomena of Fear of Falling (FoF), defined by Tinetti and Powell (1993) as "a lasting concern about falling that leads to an individual avoiding activities that he/she remains capable of performing" (p.36). Whilst physiological measures exist (e.g. Likhert scale, FoF questionnaire), I maintain that the experience of fear itself cannot be understood through statistical analysis or numerical data alone. Alongside other researchers exploring subjectively experienced phenomena, I take the stance that fear and pain cannot "be *directly* assessed" or "seen" through scientific measurement or testing" [original emphasis] (Stilwell and Harman, 2021, n.p.). Therefore, the present study utilises the concept of embodiment to gain insights into how phenomena such as FoF may alter older adults interaction with the world, with the body seen as the access to the world and the means through which experience occurs (Davison, 2015).

In line with Bamberg and Delmuth (2019) I am interested in the "experiential world of people and how they are dealing with whatever it is that they think their experiences were" (p.21). As such, narrative inquiry as a second methodological strand, opens up explorations of the ways in which participants make sense of/ talk about their bodies, as both "the medium of experience and action" and "the subject of their experience" (Fernandez, 2020, p.4406). How these two different perspectives are negotiated, understood and told by participants are of particular interest, for stories are never simply representations of experiences (Abma, 1999). When referring to her own research on chronic illness, Riessman (2008) reflects "When biological disruptions occur that rupture expectations for continuity, individuals make sense of events through narrative" (p.10). In this way, embodiment is integral to how this particular study applies hermeneutic phenomenology and narrative inquiry, arguing that a study seeking to understand lived experiences, must necessarily acknowledge the active role of the body in shaping the stories that also serve as participants "pre-understanding".

3.5.2 Narrative Inquiry

The over-riding research aim is to bring the falling person into the research arena. Where the falling body, represented as a fraction or a percentage has dominated the research findings to date, the imperative within this study was to imbue readers with a real sense of who these fallers are. It was important not only to analyse the meaning making but also, to consider how the stories were told, where the participant chose to conduct the interviews and what

stories they felt comfortable to share. As articulated by Bamberg and Demuth (2016), "in languaging and storying what you think happened, what you 'stored' and what you reworked, comes to existence in the form of a story. And this is different from what you experienced" (p.201). If we consider that methodological understandings should be "educative, not prescriptive" (Crotty, 1998, p.12), the combination of hermeneutic phenomenology and narrative inquiry as methodologies serve the multifaceted aspects of interpretation and meaning-making whilst while maintaining the integrity of the stories as told by the participants' perspectives. Thus, I consider the role of story-telling to be central to how I understand and apply hermeneutic phenomenology, because when people structure their own narrative accounts, they are accessing their more immediate experiences (Benner, 1994).

As Webster and Mertova (2007) state, "Narrative is not an objective reconstruction of life – it is a rendition of how life is perceived" (p.3). Thorne et al., (2004) in writing about interpretive description and narrative inquiry also acknowledge the constructed nature of human experience. Chouinard and Cram (2019) similarly draw our attention to "the creation and transformation of meaning at the point of intersection between different actors' life-worlds" (p. 274). I see distinct parallels here with the Gadamer's concept of "fusion of horizons" as previously attended to through the hermeneutic phenomenology discourse. Narrative Inquiry thus provides an additional, complementary lens with which to view and articulate understandings of experience as they come to be known through the interaction of myself as researcher and the older adults as research participants.

3.5.3 Summary

This study seeks to understand accounts of the dance and falls experience in the belief that external measurement of isolated parts of the living body can only tell us so much. This research aims to combine general knowledge about falls in older populations with specific understandings of individual differences and diversities, which will support the "critical need to understand where generality ends and individuality begins" (Holman, p.32 in Baum, 1995, p.467). As I will argue through this research, qualitative insights complement quantitative data, for "unless data are turned into stories that can be understood by all, they are not effective in any process of change, either political or administrative" (Duhl and Hancock, 1988, p.7 in Baum, 1995, p.466). As Baum (1995) contests "Neither qualitative or quantitative should stand alone if our aim is to come somewhere close to understanding the

richness of the communities we live in and how we might make them healthier" (p.467); a primary goal of my study.

The next section of this chapter will attend to the ways in which first person perspectives come to be known, considering research methods that are solidly rooted in the ethics of research "with" participants as opposed to "on" participants (Pillow, 2003, p.179).

3.6 Research design and research methods

The overarching aim of this study is to meet the paucity of research attending to individualised accounts of falling. Accordingly, in line with Denzin and Lincoln (2011), a wide-range of "interconnected interpretive practices" (p.4) have been deployed to capture the nuances and distinctions that underpin the complexities of older adults' experiences, with specific emphasis on how "Dancing for Health" sessions may affect these phenomena.

3.6.1 The "Dancing for Health" programme

Dancing for Health sessions served as the central focus for this research, intertwining strands of aging, health, and falling around the central "maypole" of community dance. In these sessions, I assumed the roles of both facilitator and researcher. I willingly took on this position because while the study could have remained purely theoretical, I believed that true understanding and meaningful outcomes could only be achieved by connecting with participants through dance.

Getting the classes off the ground required identifying and securing a suitable venue. Fortunately, Te Puru had an ideal community hall with ample parking, wheelchair accessibility, a well-equipped kitchen for refreshments, and a strong connection to the local community. In Thames, I experimented with two different venues before finding one that best met our needs – an accessible, well-lit space with easy access to bathrooms and a kitchen.

To promote the classes, I advertised in various community venues such as the library, local shops, the newspaper, and even left leaflets at the supermarket. The advertisements used the slogan "The Art of Healthy Living" and simply described the classes as movement sessions for older adults, specifying the time and location. The posters did not explicitly mention falls prevention although I ensured through external evaluation (Strong and Stable's Tick of Approval) that the classes met New Zealand's recommendations for strength and balance

training. I also established connections with partner organizations including Age Concern, Te Korowai Hauora o Hauraki, Live Stronger for Longer, and Parkinson's NZ.

My primary objective in devising session content was to be responsive to the participants and understand their motivations for attending and what they hoped to gain from the sessions. Drawing from my past experience delivering a dance and falls prevention project, I knew that a simple cut-and-paste approach from Wales to New Zealand would not suffice.

To design the new dance programme, I built upon the falls prevention exercises as a solid foundation and prioritised tasks that supported the creation of a warm and connected group atmosphere such as mirroring, partner dance and creating moments of humour. Initially, I introduced props to enhance the dance experience with the use of therabands for specific strength exercises. However, in light of the Covid-19 risk mitigation measures, I had to adapt tasks and remove all props to ensure everyone's safety. Social distancing requirements meant we had to move our activities outdoors; in Te Puru, we found a great space on the local bowling green, while in Thames, we danced in the park. This change of location opened up new choreographic possibilities, allowing us to explore spatial patterns and encourage participants to become more aware of their habitual movement.

As we transitioned back into indoor halls, the session content continued to evolve. We began building a repertoire of music and dances that the group became familiar with. By the second year of the programme, a sense of trust had developed within the room, leading participants to become more expressive in their movements. This newfound expressiveness inspired others, creating a positive feedback loop of creative energy. Word-of-mouth spread, and people started bringing their friends and acquaintances, giving the classes their own unique shape and character. I noticed that participants had a remarkable enthusiasm when entering the venue, as if they were making a grand entrance onto a stage. They would start strutting and radiating confidence from the moment they walked through the doors. Recognizing this, I encouraged their lively energy by clapping or making eye contact, ensuring that I provided music that facilitated a light-hearted and upbeat exchange. We would explore various concepts that I introduced to the class, such as walking like Pac-Man or imagining ourselves in a secretarial college or juggling fire in a circus. These ideas sparked creativity and encouraged participants to delve into new realms of movement and expression. The dance programme has become a place where participants feel safe to explore, take risks, and grow as individuals. It is a judgment-free zone where everyone's contributions are honoured and

respected. Each week, we come together to co-create an enriching and empowering dance experience that strengthens our sense of community and fosters personal growth.

3.6.2 Multiple case studies

It has been proposed that a multiple-case study design enables a researcher to gain as great a diversity as possible by exploring the phenomena across different individuals, contexts or processes (Stake, 2006). Stake (2006) considers the optimal number of cases within any one study to be more than four and less than ten, where fewer than four will not yield enough information and more than ten is not embraceable.

Six cases were selected within this study and were purposely selected according to gender, locality and existing health conditions. Men are often under-represented in falls prevention programmes (Hogue, 2021; Liddle et al., 2019) and as such it felt important to speak to as many men as women. Fortunately, men are well represented in the dance sessions and recruiting equal numbers of men and women did not prove problematic. I was also keen to speak to people already living with a diagnosed medical condition to contrast experiences of falling, aging and dance with older adults with no underlying medical conditions. Three participants lived in and around the rural village of Te Puru and three in and around the township of Thames. Participants were all aged over sixty-five and regularly attending "Dancing for Health" sessions.

A period of three months was set to bind the data collection period, but lockdowns and Covid-19 related setbacks meant this was extended to five months. The cases were studied simultaneously within this time frame, also referred to as being studied in "parallel" (Thomas, 2011, p.517).

3.6.3 Data Collection Methods

Data collection methods were selected according to their potential to facilitate understandings and meaning making. I specifically aimed to recruit participants from the dance classes who had experienced a fall in the last six months or had a fear of falling. In collaboration with my supervisors and following the ethics procedures of the University of Auckland, I established a recruitment process. Posters outlining the project and letters detailing specific research details were displayed prominently. To ensure clarity and separation between participation in the dance class and the research, I requested the hall coordinator to inform the class about the

research and draw attention to the letters and posters. The recruitment process lasted three weeks, and the letters remained on the table where participants signed in. For further reference, the attached letters can be found in Appendix 4.

The fundamental aspect of meaning making through interaction alongside the endeavour to research "with" instead of 'on' participants (Pillow, 2003, p.179), led to the utilisation of three research methods within the multiple-case study design: one to one interviews, focus group discussion and reflective journaling. Furthermore, I introduced "wandering with" as a wider contextual research method employed for preliminary rapport building (Kvale & Brinkmann, 2015).

3.6.3.1 "Wandering with"

Whilst interviews were selected as a way of opening into stories, I sought an embodied method to complement dialogic interchanges. I hoped to understand how physiological changes were experienced through interaction with the everyday environment and considered that a pre-interview walk may set the scene for connecting to the body. I envisaged conversations opening naturally as we navigated the differing coastal and rural landscapes in and around Te Puru and Thames, speaking within participants lived context.

However, none took me up on that suggestion. My reflective journal documents "the assumption I make from within my healthy unconcerned body". Conceptualising the research method from a head-led place meant I had neglected considerations of bodily differences, and forgotten that for some of my research participants walking whilst talking is not an option, with walking requiring concentration of foot placement, balance and step clearance as just a few considerations. Thus, the "wandering with" as initially envisioned by myself as a physical preamble was quickly replaced by a more conversational "wandering with". Three participants suggested a chat over tea and biscuits. One participant invited me into her garden to look at her flowers. Another suggested we sit on his balcony so his wife could be there, and one suggested I meet her in a café in her home town.

Working within Gadamer's concept of "pre-understanding" (1975), it can be understood that these initial conversations, although not recorded or used as research data, provided time for both myself and the participant to gain some "pre-understandings" of each other and the research encounter. Moreover, the relative freedom afforded by having no interview agenda, supported the emergence of stories and conversation in a much more natural way, much in the manner described by Riessman (1993) as facilitating the participants to take responsibility

for what they wanted to tell. From these initial stories, I was able to glean a sense of the "narrative whole" (Bold, 2011, p. 25), offering broader contextual understanding to support the narrative inquiry aspect of my research.

3.6.3.2 Interviews

The aim of the interview for my particular research enquiry is, as Valentine (2013) explains, "to understand how individual people experience and make sense of their own lives" (p.126). Following Brinkmann (2007), this aim was achieved through an epistemic interview style. Offering doxastic and epistemic as opposing ends of the interview continuum, Brinkmann (2007, 2013) explains that different interview styles stem from different philosophical roots, thus serving different knowledge purposes. Doxastic as defined by Brinkmann stems from the Greek word for opinion whilst epistemic is "knowledge that is created through conversational and dialectical questioning" (Brinkmann, 2007, p.30). For this study, the processes of meaning making and understanding were facilitated by interviews. Kvale and Brinkmann (2015) make explicit reference to the languaging of the term interview, stating that it is literally the "inter-view" of interviewer and interviewee (p. viii). As envisioned by Gadamer (1975), it is this capacity to converse, or share "horizons" that enables the possibility of meaning and understanding. Returning to Brinkmann's continuum (2007), the interview style was therefore considered epistemic in nature, that is to say centred around creating knowledge through interaction.

Interviews were roughly an hour long and consisted of pre-arranged interview questions which the participants had been sent prior to interview. In line with my supervisors and with advice from fellow research students at the University of Auckland, interview protocol (as outlined in Appendix 5) was established and adhered to.

These were:-

- What does health and wellbeing mean to you?
- What does living well mean for you?
- Why do you choose to come to the dance class?
- Do you do any other activities?
- How does dance make you feel in your body?
- In your opinion does falling affect your health and wellbeing?
- Is falls prevention something you think about?

Pre-interviews played a significant role in shaping my pre-understandings, and this influenced the interviews, allowing for person-centred explorations. Time and space were built in to accommodate for these personal exploration around the interview questions (Kvale & Brinkmann, 2015).

Interestingly, the interviews had a very different "feel" to the "wandering withs". I felt that the formality of the tape recorder rendered the conversation more self-conscious, with participants saying such things as *"did I say that right?"*. Whilst I did my best to make light of the situation and reassure them that there was no right or wrong with regards to their reflections, I was aware of a more stilted atmosphere. This is further expanded on in the discussion chapter although mentioned here as a note-worthy aside that aligns with Denxin and Lincoln (2011) who state the importance of selecting appropriate research methods for the enquiry being undertaken.

During all interviews, I was particularly mindful to record non-verbal indications in my fieldnotes to accompany interview transcripts. Transcription cannot provide true verbatim accounts due to the inherent processes of interpretation when transferring audio transcripts to a written format (Davidson, 2009). As such, I paid great attention to non-verbal gestures and intonation such that the account was as close as possible to the original emphasis of the interviewee's comment (Davidson, 2009). This was particularly important with Steph, whose speech is greatly impacted by her Parkinson's symptoms.

Once complete, transcripts were checked for accuracy against the original audio recording. In some cases, this had to be done several times due to the quality of the recording. Whilst this was a time-consuming process, it was valuable in terms of revisiting data, familiarising myself with content, and beginning the analysis process.

3.6.3.3 Focus Group Discussion

In alignment with Gadamer's concept of the "fusion of horizons", I felt it was important to get feedback from the participants on the interpretations I had formed based on their interview transcripts. This can also be considered "member checking" (Stake, 2006, p.37), which Stake considers a vital technique for improved interpretation.

A focus group was decided upon by myself and my supervisors as the most effective way of "member checking". We had reached another traffic light level in New Zealand's Covid-19 response and it did not feel safe to meet indoors. As such, the focus group discussion took

place in the park. Whilst this offered some reassurance in terms of minimising the spread of Covid-19, it did present some limitations in data collection due to it being a windy day. Some of the participants had not met before as they attended different dance groups and this was reflected in the circle, with the Te Puru participants sitting on one half, and the Thames group on the other.

Based on the interviews, I presented the group with the eight themes which I had interpreted as the key themes in answer to the research question "How does dance benefit the health and wellbeing of older adults who fall?". I offered everyone a set of cards which had the themes written on them.

These were:

stimulating the mind;

moving the body-i) relaxing/loosening;

moving the body- ii) strength, balance, co-ordination;

enjoying the artform;

moving to music;

moving spirit/soul;

being part of a group;

opportunity for something new.

They were invited to order them according to how important they felt the theme was to their health and wellbeing, where 1 felt most important and 8 the least. There was the option of ordering the cards so several themes could have the same number. This provided the leaping off point for discussion as the group conversed around the cards. This proved a very fruitful hour, although I did note that the women did most of the talking and the men seemed to take a conversational step back. As a facilitator I attempted to address this imbalance by addressing individuals but reflected afterwards that this may have inadvertently acted to make them feel in the spot light and uncomfortable.

3.6.3.4 A question of observation

Whilst multiple methods for data collection are championed (Crotty, 1998) observations were not considered appropriate for this study for a number of reasons. On a pragmatic note, researcher observations would have needed to take place during the dance session. As I am also the facilitator whilst this would not have been impossible it would certainly have been distracting. With my duty of care within the classes extending to fifteen other participants I decided against this.

An outsider's perspective in the way of another facilitator or colleague from the University of Auckland dance studies department could have offered a form of triangulation. However, lockdown restrictions had severely restricted travel during the research period. Furthermore, having facilitated in this capacity for a number of years, I have experienced being "observed" and evaluated myself. It is does not support natural interactions and by anchoring the research "with" as opposed to "on" participants (Pillow, 2003, p.179), I did not feel this was a good fit for this study.

3.6.3.5 Reflective Journaling

Gadamer (1975) writes extensively of the influence of our "preunderstandings" on the act of interpretation, arguing for the necessity of examining how these understandings affect one's own interpretation. Therefore, reflective journaling was employed for its potential to highlight observations and insights of my own part in the research process (Thorpe, 2004). Making explicit the thought processes and decision making that shaped the thesis proved invaluable as I navigated a journey of multiple "new": moving my family to a new country, a new village, learning a new culture and language, engaging in dialogues with a new healthcare system and establishing a new professional practice and researcher identity.

In this sense, reflexivity proved a critical research method in helping me to understand my own understandings. Particularly the issue of researcher positionality came to the forefront as I began noting the fluidity of life and the research process in a rural context. I found I was bumping into participants at the village shop, crossing paths as we walked the beach, swapping courgettes and waving at one another whilst I hung up my laundry. These daily interactions and the weaving of my personal and professional life was a first for me, and I found that Deutsch's (1981) observation that "researchers are multiple insiders and outsiders" (cited in Labaree, 2002, p.101) rang true as I started to note that at different points in the research process, with different participants, I felt somewhere in "the space between"

(Kerstetter, 2012, p.101). This inability to place myself on a fixed point on the inside-outside paradigm highlights the interactional issues between myself as researcher and the participants (Shah, 2004) and is arguably a reflection of the dynamic nature of relationships and community that this study is steeped in.

Whilst such reflexivity is rooted in self-reflection (which serves Gadamer's hermeneutic circle of meaning-making but did not contribute much in the way of data), recent discourse has called attention to its social and ethical aspects. Walent (2008) claims that "unexamined preunderstandings" may pose both a threat to the validity of findings, as well as promote "divisiveness and misunderstanding" (p.13). In this way I saw reflective journaling as a way to examine my internal processes and bring to the foreground my own pre-conceptions. Skeggs (2001) questions characterizing reflexivity as a highly personal activity, suggesting that researchers incorporate reflexivity as a "collective practice, thrashed out in discussion" (p. 268); which I consider further rationalisation for the focus group discussion as a research method.

3.7 Data Analysis

Whilst Gadamer's (1975, 1996) philosophy illuminated conceptual underpinnings for the understanding and meaning making of experience, he did not suggest a method nor framework for their operationalisation. Several authors, (Austgard, 2012; de Sales, 2003; Koch, 1996) have subsequently offered practical suggestions in order to undertake analysis in a hermeneutic tradition.

Koch (1996) utilised three Gadamerian concepts in her research, namely "pre-understandings", the "hermeneutic circle" and "openness" (in her interview style). Fleming et al. (2003) offered a template containing five clear steps for analysing Gadamerian-underpinned research whilst Austgard (2012) proposed a four-stage approach to develop a research plan underpinned by Gadamer's teachings.

I found Fleming et al.'s (2003) analytical framework offered the clearest guide on how to use the major concepts of "pre-understanding", "hermeneutic circle" and "fusion of horizons". However, within Fleming et al.'s framework, data analysis was attended to only as a re-iteration of Gadamer's hermeneutic circle (1960) "with the hermeneutic rule of movement from the whole to the part and back to the whole" (p.118), which whilst informing the overall

view of the data analysis process did not shed light on the specifics of the varying stages of data analysis.

I therefore undertook two stages of data analysis in order to elicit both the person specific themes from the narratives of each study, as well as the common themes from the entire data set. Before any analysis could begin, the interviews needed to be transcribed. This was done by hand. As mentioned earlier in this section, these first readings of the text served both to familiarise myself with the text and allow space for intuitive responses to develop. These intuitive responses were documented in my journal as my "pre-understandings", serving as contextual information for both thematic analysis and narrative inquiry.

3.7.1 Narrative analysis

3.7.1.1 Orienting to Stories

Following Frank's (2012) dialogical analysis, I started by replaying the audio recordings and reading the transcribed texts multiple times. This process aimed to familiarise myself with each story as a whole, adopting a holistic approach rather than a line-by-line examination. Working with one interview at a time, I purposefully viewed each story as a coherent entity, avoiding methods that would fragment them. Broad questions guided my analysis, with a focus on stories that aligned with the study's aims regarding health, falls, aging, and dance.

3.7.1.2 Identifying Themes and Thematic Relationships

In order to identify themes and thematic relationships, I looked for recurring patterns and aimed to capture the overall impression from the interviews. I delved into how the process of meaning-making interacted with broader socio-cultural narratives, considering the context that might have influenced responses related to aging, well-being, and falling. Additionally, I paid particular attention to the emphasis placed on certain words, types of words and phrases chosen, and how they underpinned the story. I also explored stories that seemed difficult to tell, investigating the possible reasons behind this. Ultimately, I aimed to identify why each story was being told, the involvement of other key characters and the sequence of events and evaluations that shaped the direction and form of the stories (Smith, 2016).

3.7.1.3 Refining Interpretations and Story Presentation

As the researcher, I made decisions on what to present within the stories based on my intuitive responses and interpretations of how they were being told. Josselson (2011) notes

that "Every aspect of narrative work is interpretive, as everything implies meaning. We, as researchers, 'coproduce' the worlds of our research. We don't simply 'find' these worlds. Truth is primarily a matter of perspective." (p.38) Throughout an iterative process, I refined, revised, and deepened these interpretations, leading to the stories as presented in Chapter 4. These interpretations aimed to convey the richness and essence of the participants' experiences as depicted in their narratives.

By following these clear steps, I aimed to capture the holistic nature of each story, identify key themes and their relationships, situating participants within the contexts of their lives in order to better understand how they made sense of their experiences. Additionally, I wanted to explore the connections, commonalities and differences between participant narratives, undertaking a thematic analysis across the entire data set.

3.7.2 Steps of thematic analysis

Extending reading beyond those employing a Gadamerian approach, I turned to Braun and Clarke (2006) who clearly describe the stages of thematic analysis both within a data set and across the data as a whole, stipulating that thematic analysis is not “wedded” to any pre-existing theoretical framework (p.81). At this juncture, I took part in a global zoom conference (SQIP, 2021) around the differences in qualitative research approaches. Speakers included the aforementioned Virginia Braun who spoke on the particularities of thematic analysis as a data analysis approach. Based on my readings and the information gleaned from the conference I felt that thematic analysis was a good fit for elucidating the specifics of the data as I sought to answer the research question “How does dance benefit the health and wellbeing of older adults who fall?”.

3.7.2.1. Familiarisation, Initial Codes, and Searching for Themes

Braun and Clarke's (2006) first three analytic stages were applied to all interviews. As I was working by hand, this was a physical process with participants’ descriptions of experiences, behaviours, thoughts, and feelings written as quotes and grouped into the themes that related specifically to experiences of the community dance class. On hands and knees, I arranged and re-arranged the quotes into different patterns looking at any relationships between piles, drawing pictures and Venn diagrams, zooming in and out of comments and participant story. Throughout this decidedly non-linear process I returned continuously to the research question to ensure responses were being framed in line with the research enquiry

3.7.2.2 Semantic and Interpretive Analysis

Semantic analysis led to themes derived from participants' verbatim statements. However, as per my interpretivist epistemology, it felt equally as important to "identify or examine the underlying ideas, assumptions, and conceptualizations" (p.84) around the key constructs of dance, aging, falls and health. The interpretive analysis also added context to the data as well as identifying deeper themes that weren't immediately obvious through semantic analysis alone.

3.7.2.3 Coding Phase

An inductive coding process was employed, aligning with Thematic Analysis and developed from the data set as opposed to applying a pre-determined coding frame (Braun & Clarke, 2006). Manual coding was utilised to maintain closer engagement with the data.

Alongside this, some data were not relevant to the focus of the research question and thus, were not coded and excluded from further analysis (Braun & Clarke, 2013). For example, data related to interactions with health or social care professionals were not coded. I made the decision not to include this as a theme although I make mention of this further on in the discussion chapter as I felt it provided important contextual background on the perceived role of the dance classes in older adults' lives.

3.7.2.4 Reviewing the Themes

Themes were thus reframed by removing any driving questions to see if there were hidden threads I had missed. Referring back to my own meaning making processes documented in the reflective journal, it can be understood that each time I returned to the interview transcripts additional insights and altered interpretations came to light (Smith et al., 2009). Ultimately, I reached a place where I felt I knew the research inside out and whether I had come to the "right" conclusion was set aside as I reminded myself that "There is no one way to do interpretive, qualitative inquiry" (Denzin & Lincoln, 2011, p.xiii). At this point, I felt that I had reached stage four of Braun and Clarke's (2006) stages of analysis which they refer to as "reviewing the themes" (p.85).

3.7.2.5 Defining themes

Stage five, "defining themes" (Braun and Clarke, 2006 p.85) was a collective process. In order to reach a place of rigour as opposed to a place of truth, I used a focus group discussion as a way to member check (Stake, 2006), confirming the broader themes I had interpreted with participants and giving them opportunity to comment. Participants were presented with themes I had elicited from across the narratives; themes which answered the research question "How does dance benefit the health and wellbeing of older adults who fall?". These were written on individual cards and each participant had a set of 8 themes. These were:

stimulating the mind;

moving the body-i) relaxing/loosening;

moving the body- ii) strength, balance, co-ordination;

enjoying the artform;

moving to music;

moving spirit/soul;

being part of a group;

opportunity for something new.

I asked participants to confirm the data I had interpreted as relevant and important to them through organising the cards into ranking order where number 1 was the primary benefit and number 8 was the lowest contributing factor. Any themes that they disagreed with were to be left out. The purpose of the focus group was not to attach figures to themes, nor quantify findings. The aim of the theme cards was primarily to prompt conversation and find accessible entry points into conversation. One participant was unable to join us. Five participants made up the focus group.

The thematic analysis of the data set as a whole was repeated following the focus group, supporting a deepening of the initial findings. This final process led a tidying of themes and subthemes. Based on the focus group, the eight initial themes were collapsed into five themes in order to better encapsulate how participants responded to the thematic cards. For example, 'For the mind' as voiced by participants during the focus group was better understood as a sense of challenge and growth, rather than dance being an intellectual pursuit

which is how I had initially framed it. Understanding that being challenged was a motivator led to 'Motivation' as a theme, which also incorporated 'moving to music' and 'intrinsic pleasure' as a subtheme.

3.8 Ethics and values

Included within this section is an explication of the values underpinning this work. Ethics approval was sought through the University of Auckland (reference number UAHPEC22473) (Appendix 3). Beyond this I endeavoured to uphold the principles of non-harm, respect for human rights and respect for autonomy through the entire research process (Haahr et al., 2014).

Although this research project is not specifically a participatory action research project, there are some useful insights in the participatory action research literature with regard to power and participant/researcher collaboration that serve my researcher values well (Atkins et al., 2018; Chevalier & Buckles, 2019). In situating the participants as responsible for determining the initial conversational route to be taken and where this should be conducted, I had hoped to establish a more balanced researcher-participant relationship. The "wandering with" as a process did feel to me to more equal and non-hierarchical. However, I wondered whether the audio recording of the subsequent interview served to negate that balance with participants seeking affirmation that they answered *"correctly*", or not *"going on too much".*

3.9 Conclusion

This chapter describes the ontologies, epistemologies, methodologies and research methods such that the reader can understand how data was generated and analysed in this study in order to answer the research question "How does dance benefit the health and wellbeing of older adults who fall?". Beyond the conceptual ingredients that make up the recipe for this thesis, I have laid out challenging aspects of the research process and how these challenges were confronted, including measures to address researcher bias and ensure trustworthiness. Furthermore, I have reasoned why the methodological approach chosen fits not only the research question, but also the value of placing the older adult at the heart of research enquiry.

4 Results

4.1 Introduction

This chapter will address the personal and environmental contextual factors that shape participant story. As discussed throughout this study, most research studies assessing the benefit of dance to aspects of falls and falls prevention employ quantitative measures. Depending on the investigation, this most often takes the form of measuring an aspect of strength or balance before and after a specified research period in order to assess the gains or loss to the physical, psychological or social aspect under measurement. These measurements have produced valuable results surrounding the ways in which dance supports such aspects as balance and lower limb strength and quality of life.

However, these quantitative measures cannot account for how a participant's results may be affected by his/her identity beyond the dance class, how a participant makes sense of their own health and wellbeing or how a participant's health and wellbeing is affected by current affairs or other events occurring in their lives. Arguably, the reasons for attending the dance class and the way the participant experiences and interacts with the class are likely nuanced and unaccounted for with such quantitative studies. Alongside this, the focus on assessing measurable physical benefit on participants from the dance hour neglects consideration of any wider impacts that may be heralded beyond the hour.

Considering the points made above, I felt that the only way to account for the range of possible contextual factors present was to explore experiences on a case-by-case basis. This chapter details the results determined through analysis and interpretation of each individual case. The themes and patterns common across the entire data set are presented in the findings chapter (chapter 5).

I have included some of the noted repetition of words or phrases and any noted gestures or punctuation. The informalities intrinsic to the wider research setting such as where the interview was held, whether we shared time looking around a garden, what we laughed about, all give greater understanding of what was important to each participant and provide invaluable contextual information to these case study results.

4.2 Maureen: Background

Maureen joined the dance class when it began in June 2020. She was aged 76 at the time. Maureen resides in the coastal village of Te Puru and is able to walk to the dance class in a matter of minutes. She is married and together with her husband, they care for their great granddaughters (aged 10 and 15). This return to parenting in her later years, (Maureen was 72 when her first great granddaughter came to live with her) means that life is centred around caring for the girls. Maureen's social life and the ways in which she chooses the spend her "free" time (when the girls are at school), is understandably different to those who are in their retired years. Within minutes of the interview beginning, she made it clear that her main role is to look after her family. Running a family as mother at nearly 80 years of age is central to our understandings of her story:

"I can't afford to lax. I have to focus on being buoyant. Because I want to see these kids grow up. And I don't want to be an invalid. I don't want them to end up having to nursemaid me. That's the last thing I would want".

Maureen speaks of her life before the children, as *"more buoyant, more social, rich foods and dare I say it, more wine"*. Herself and her husband owned, ran and lived in a hotel where Maureen was responsible for the housekeeping, cooking and keeping guests happy. Having children in their life has shifted the focus from business and providing for outside guests to a focus on providing "*a home, not a house*" for her immediate family. The imperative to stay well carries weight not only for Maureen and her husband, but for the extended family because in her eyes, *"they're dependent"* on her.

I hear the enactment of this responsibility in the care Maureen clearly takes in her family's diet and wellbeing. Maureen spent a lot of time talking about the importance of food for herself and for her family. Whilst she voices a causal relationship to diet and wellbeing, that is eating well to feel well, her choices surrounding food and what she considers to be a healthy lifestyle are also intricately woven with the legacy she will leave for the girls, *"So that they will carry on whatever it is that I've been able to teach them hopefully…but I don't have a lot of years left to be able to, you know".* In relaying this quote, I can see that this may be read as tinged with sadness. However, I did not experience a sense of sadness or any sort of accompanying heaviness during the interview. Maureen was simply stating what she feels is fact.

Maureen is in touch with the aspects of life that bring her joy, she talks about the feel of the grass on her feet in the morning, the smells of her garden, of dancing with her *"girls"*. Maureen's comments place relationship to body at the centre of her belief system, and role modelling a healthy lifestyle is expressed as an embodied process. Many times throughout the interview, reference is made to intuition and the importance of a *"yes, this feels right"* feeling in regards to all aspects of living. She makes particular mention of how vital she feels when she can grow and pick the food she is going to eat, *"there's just something that I feel in my body when I take it in"*. This reference to an intuitive vibe is key as it is from this place of intuition and bodily knowing that Maureen navigates her life journey.

Maureen feels strongly that the world has changed; and not for the better. The ways in which capitalism affects how foods are grown, references to McDonalds and television and how *"heavy"* the world feels all point to a concern about the external influences in her family's life. Her husband watches a lot of news, and she expresses that she cannot be in the room when it is on. The world feels "*foreign*" and the process of detachment from the external environment is stressed. Concerns surrounding how to shelter the children from these worries is clearly something that troubles Maureen as she feels very strongly that such "*exposure*" can be harmful to both mental and physical health "*it's just too heavy, it's too harsh*". In particular, the changing face of society with mandated mask wearing has been felt heavily by Maureen "*I can't explain it, its oppressing you, its holding you back, its confrontational, it's hard"*.

Listening in to her body and how it is experiencing the environment is expressed as a necessary part of staying well, where environment seems to mean more than the physical vicinity she lives in, it is expressed as "*the atmosphere out there"*. Choosing where to place her energies, what to focus on and how to listen in to what is serving her further signals that for Maureen the body as lived is foregrounded. And it is through this lens of being connected to her lived and sensing body that Maureen experiences her life, her role as guardian, her health and by extension, dance.

4.2.1 Maureen: Falls

Maureen's falls history involves six falls over the previous six years. The last fall resulting in a broken wrist. She did not attend a falls clinic nor have any physiotherapy following any of her falls. Whilst her wrist was healing, Maureen also stopped attending "Dancing for Health" classes. Other than dance, Maureen does not take part in any other groups although she does walk when she can.

When talking about the falls, Maureen doesn't focus on the fall event. She reflects on the fall as a life lesson to pay more attention, "*I will start to run and think 'oops, be careful, be mindful'…I'm not as impetuous as I might have been a couple of years ago*". The fall event does not appear to weigh heavily on her mind, it has not spurred a change of behaviour other than a general mindfulness about her gait. Rather, it seems the fall alongside her observation of husband's cautiousness with his own body " *he's very mindful and he's walking cautiously"* has caused her to celebrate the relative sense of freedom and wellbeing that she still experiences, *"that youthful feeling within is still buoyant, and I want to hang on to that as long as I can and I don't want to lose it".*

Maureen makes direct reference to *"not coddling herself*", she does not identify as a faller and the conversation did not turn to the issue of falls until the very end. Maureen was dismissive of falls as a worrisome event other than to mention several times a sense of "*mindfulness*", specifically in reference to watching where she treads on a footpath in town.

4.2.2 Maureen: Dance

Maureen dances her way through the interview. Graceful and quietly spoken, is visibly animated when we speak of dance. Upper body gestures enact feelings of elevation, she talks about feeling "*uplifted"* with lots of arm movements (we were sitting down) used to express feelings where words don't suffice. Throughout the interview, she speaks of her love of dance, of the "*resonance*" within her which she attributes to "*her dharma"*. Maureen has a deep connection to her body and to spirit and dancing is conceived as a way to "*tap into that Universal energy"*. Whilst reference is made to the difference she is noting in regards specific areas of her body (since attending the dance class), the experience of dance is more often spoken about as an energetic shift. The atmosphere of class, the moments of "*experiencing enlightenment*", the ways in which the dance "*lingers"* so that when she goes home she feels energised; these are the aspects of the dance class that Maureen focuses on.

For Maureen, attending the dance class is not motivated by the desire to keep active or functional. But rather, as I interpret it, keeping functional and active is something she seeks in order that she may continue to dance, *"It's also about my activity. Keeping my energy up. Keeping my limbs functional and being able to jump out of bed rather than climb out of bed. Being able to do the thing I love most. And that of course, is dance".*

4.2.3 What does living well mean to Maureen?

Any questions pertaining to health and wellbeing post fall, appear as working towards a state of internal wellbeing, *"It's just knowing intuitively. It's not something that you do, because somebody else told you to, it's the intuitive vibe that we've all been blessed with".*

At the time of our interview, Maureen was feeling concerned about her mental health, what she referred to as a "*fog"* several times. She also made mention of "*depression*" and "*a heavy feeling*" as possible labels to describe how she is feeling. I make mention of this for what Maureen seemed at pains to make clear is that on the surface, to anyone else and even to the doctor (to whom she has been twice for blood tests) nothing appears wrong. But she feels very clearly that there is "*a part of me that's still not here*". This chapter serves to place contextual understandings alongside the research findings. Understanding that for Maureen it is not the fall, or getting older that is driving change but the subtle and possibly imperceptible changes in her mental health that are acting as impetus for seeking outside support seems important to highlight.

In line with Maureen's embodied approach to living, the changes she seeks to make serve to address the imbalance she feels within. She uses the word "*connected"* many times as a way of trying to explain how you cannot separate one thing from another in matters of health. In the spirit of inter-connection, dance feels to Maureen like *"a resonance, a part of me because of being connected to a very ancient wisdom, being my Māori heritage".* With particular reference to her Māori heritage, she is clear to communicate the importance of spirituality for her personal health and wellbeing. Throughout the interview, words such *"illuminate", "mana", "buoyant", "vibration", "dynamic"* are used to describe her outlook on matters pertaining to health.

4.2.4 Maureen: Summary

Maureen's strong esoteric beliefs drive the meaning making of her life experiences. Her spirituality is routinely connected to matters pertaining to health and wellbeing which are experienced as a discord or accord with something greater than herself, greater than physical matter even. Described as, "*vibration", "a vortex of energy"*, Maureen's sense of what is right for her own body as well as for her family, comes from an internal place of intuiting and connection to *"Universal energy".* Dance is expressed as a medium for this and voiced as integral to her health and wellbeing.

The quest for food and a lifestyle free from pollutants and harmful external influences also contributes to Maureen's motivation to attend weekly dance sessions, maintaining adherence even through her "*fog"*. She explains that the dance has kept her going through difficult days when she has felt "*lacking"* and that Tuesdays have become important for her "*It's something where I just make sure my Tuesdays are free. I don't want any dentists appointments if I can help it".*

4.3 David: Background

David is 81. He joined the dance class eight months after it had first started with his wife. They came to the class by word of mouth. A keen rock and roll dancer, David and his wife are active members of the rock and roll dance scene in Thames, attending classes twice a week alongside events in Auckland where they might stay in an Air B&B or with friends. David is a member of the Working Men's Club which he goes to on a Friday night for a social and catch up. His week is busy and staying in contact with friends is a priority.

David moved to the Thames-Coromandel district six years ago. He and his wife live in a house on a hill with a view across the Firth of Thames. David gave up his business in Auckland when he was 75 and made the decision to move following a period of ill health for his wife. They are very much enjoying their new lifestyle with David using the word *"heal"* to describe how living by the coast has been for his wife. We spoke about fishing and boats whilst sitting on his veranda, drinking tea and eating biscuits and admiring the incredible vista.

During our interview, Auckland had entered a second Covid-19 lock down and most of the classes and groups running in Thames were on hold. For David, the effect on the social aspect of people's lives due to the Coronavirus was highlighted, "*I think the more time they have on their own the more chance they become disconnected from society themselves. And that's even as bigger, if not bigger problem that what Coronavirus is".* David expressed a genuine concern that the fear of contracting Coronavirus-19 was creating situations where people had died alone and "*it's a tragedy because everybody should you know, have somebody looking after them*". Tied into his personal story of being adopted and having no siblings, the need for socialisation, friends and loved ones is paramount to David's conceptualisation of a quality of life as he describes, "*my friends have always been my family".*

David lives with a condition known as peripheral neuropathy which means that the nerves in his feet and fingers "*play up*". This means that he has difficulty picking things up with his fingers and his fine motor skills are compromised. Everyday tasks such as doing up the buttons on his shirt have become difficult. He is often unable to feel his feet, especially in the winter. It greatly affects his balance and his gait, so much so that he has to bring conscious attention to how he walks "*heel toe heel toe".* This conscious attention to his activities of daily living, *"I have to think about my balance before I even get out of bed"* clearly shapes the minutiae of his lived experience yet he makes it clear that his condition does not stop him from doing things. The theme of adaptation and progression is key to understanding David's motivations for attendance, "*You just don't let it keep you from doing things. You've got to do things to make sure you're active…because if you don't, if you're not using your body, then it's going to deteriorate".* This is a recurring theme throughout our conversation with David repeating that *"the people who seem to live the best quality of life in later life are those people who keep themselves active".*

David spends time every day on his exer-cycle in the garage and has a plan of how many minutes cycling he needs to do every day. The dance class and his weekends away are enjoyable, but also functional in the contribution they make to his physical activity levels *"it's important to me that you set yourself a target…because you're just wasting your time if you're not".* This strong sense of personal responsibility for maintaining his physical activity expressed through his diligence with meeting the targets he sets for himself. He further re-iterates personal responsibility when talking about the problems with his feet as being his own fault, *"I probably should have done more to exercise you know, get more exercise to*

recover from that". There is a frustration that comes from David's retrospection that he didn't *"push for some physio, something, some rehabilitation of some sort. Because that's why today I think I've got these problems with my feet".*

4.3.1 David: Falls

As a result of the peripheral neuropathy, David experiences deteriorating sensory input from his feet, making him susceptible to falls and altering his gait significantly. Standing still is difficult and he suffers especially in the winter. He has had two big falls and multiple little falls. The first big fall happened in his mid-forties. He was working as a commercial window cleaner in a shopping centre when the ladder slipped and he fell, hitting his head hard. The impact of this fall resulted in epilepsy, which consequently led to further falls. The next big fall David spoke about was in his sixties, when working for New Zealand Rail as a train conductor. He slipped on the ice, broke his ankle and he suspects he banged his head again. He didn't seek medical help at the time, carrying on working for a week before deciding that he should get it checked out. An x-ray revealed a broken ankle and he was given a moonboot.

Fast forward several years later and David started experiencing problems with his feet. He was diagnosed with peripheral neuropathy but has never been able to ascertain whether it was as a result of his first big fall, or whether it is a degenerative condition that would have made itself known regardless. Either way, David seems determine to not let it affect his day to day. His wife helps him with the fiddly jobs like threading a needle, putting screws in a screwdriver and he has fishing buddies to help with fishing hooks and lines. However, it does mean that he falls on a regular basis. The lips of kerbs, uneven footpaths, lack of handrails and erratic walking patterns have all resulted in falls.

David has taught himself how to fall. *"I do have a situation where my reflexes appear to jump in and help me so that I don't hit the ground or get hurt like some people who have really bad falls*". He attributes this ability to relax as he falls to not hurting himself although he does talk about it affecting his confidence for a period of time afterwards. The emphasis on maintaining confidence is highlighted when he summarises, *"Confidence. It's all confidence. if you can keep your confidence up, you can do anything".*

Through these stories, David alternates between referring to his body as lived and as living. Sometimes he speaks about the lived experience, *"if I do find myself falling I tend to relax*"

and makes reference to how he feels better within himself after doing an activity. At other times, he speaks of his body as an instrument separate to himself "*I can't even close those fingers you see. That one's a lot better".*

We speak specifically about the word "fear" and although he ascribes that word to others "*…there must be a lot of people around here who have had two or three falls and are absolutely fearful of having any more falls"* for himself he makes reference to "*a serious loss of confidence*" post fall. In speaking of how he feels in himself post-fall, this loss of confidence is brought up again. He makes mention of "*the way it can control your whole thinking*", signalling that keeping the fear at bay is an aspect of recovery that he has to actively work towards.

4.3.2 David: Dance

David has a love of dance borne from rock and roll and kept alive through bi-weekly dance lessons and frequent rock n' roll weekends. When I enquired if he could express what it was about dancing that he loved, David spoke eloquently about the various aspects of dance that appeal to him: "*When you're dancing on the dance floor, you're moving with a lot of people, your brains working, because you've got to make sure that you do your dancing, but you're not going to bump into anybody. So you've got to be guiding your partner, being a man you've got to be guiding your partner. To be able to dance plus also avoid the other people around you. So it's a form of discipline as well. Then, of course, you're using your eyes and your ears and everything else. Because you're watching to see what everybody is doing, you're listening to the music to get your rhythm, you're using your limbs to steer around the dance floor. Yeah. Its all those things. So it's a real art form all of its own I believe".*

Whilst sometimes describing dance as *"exercise"* and bringing attention to the functional benefits of dance that David observes in strengthened feet and better balance, he also speaks of how dance for him is a way of leaving his worries behind, "*it clears your mind to the fact that you are in the moment".* This lived body iteration of feeling calmed and present to moving in the moment captures how his lived sense of self is perceived and understood by David. He is attuned to how he feels within himself when dancing, "*you feel better because you're taking part in a physical activity"* and further attuned to the "*deterioration"* he notices in his body when he hasn't been to class.

4.3.3 What does living well mean for David?

David states simply that no one can know what the future holds but being in good health and *"doing all the right things"* places you in the best position to have "*a longer and better life"*. Living well and "*enjoying the benefits of living well*" starts first and foremost with being "*healthy*" where healthy "*means, you know, your diet is good, your exercise is good- so your body is in pretty good shape"*.

David speaks of seeking a new interest in relation to health and wellbeing, "*I'm constantly looking for new things to do*". There is an expression of personal growth when he states, "*everybody should have a purpose in life".* Having had many different forms of employment (in our conversation he mentioned being a driver in Singapore for the Australian army, a window cleaner in Australia, train conductor, business owner), he continues to seek purpose within his retirement. He has volunteered as a driver for St John's Ambulance, is currently writing his memoirs and looking for a writing group to join. Having a sense of purpose and creating new opportunities is equated with living well "*because you feel good in yourself, and you can be comfortable and competent and doing things sometimes outside your scope because you are healthy".*

4.3.4 David: Summary

David lives with a progressive condition which affects his ability to balance and his gait due to lack of sensory input. Though acknowledging the difficulties brought about by his condition, he does not linger in these conversational places. Finding new ways to walk, step up onto pavements, thread a needle, hold a fishing rod, walking unfamiliar pathways all speak to David's strong sense of adaptation and a forward focus. There is still something of the Australian army in David as he seeks to *"combat the progression of age".*

David is able to talk about the activities that he enjoys, with dance being at the top of that list. As a way of maintaining strength in his feet, as a means of enjoying music, focusing on balance, as a way to forget his worries and as social activity, dance is expressed as being *"very important"* to him.

4.4 Nathan: Background

Nathan was present at the very first dance class in Thames when it began in June 2020. He has attended the dance classes weekly since, and acts as an advocate, speaking of the benefits he experiences from the class at his monthly Parkinson's group and encouraging people to go along.

Nathan was diagnosed with Parkinson's when he was 68. He had not retired at the time and was still driving lorries and running a quarry business from a rural village 25 kms outside of Thames. Nathan was raised in this village and remained there to raise his own family and run the business when he inherited it from his father. He has seen many changes in the 64 years he has been living there. Over the years businesses have sold up, people have moved on and the village now has a population of 90 residents (2013 consensus) *"basically if you blink you're through it"*. Nathan is in a situation where he has to travel to 25kms for fuel, food, medical services, recreational activities, the library, and anything else he may need that the dairy in the village cannot provide for. This is becoming an issue for his wife who is keen to move into Thames. This would mean they no longer have to drive and can access everything on foot. It would also mean the doctors and hospital would be closer should they need it. Nathan is not keen. He has grown up in the countryside and wants to stay there. He also worries that they would not be able to afford anything in Thames and so even if they moved closer, they would still need to drive in.

Nathan "*never thought he'd get crook*". He first became aware of his Parkinson's when driving one of his lorries, his grip becoming locked onto the wheel. His doctor told him he had Parkinson's, and accompanying the diagnosis came many lifestyle changes. The first was the decision to sell the business, retire and move house. Together with his wife, they down-sized and began a less stressful life in a house down the road, with a plot big enough to grow vegetables in but not too big to be a burden. He changed his diet to plant-based and began a strict daily exercise regime.

Although Nathan has lived with Parkinson's for six years, his symptoms are not immediately visible. Whilst we wait for his tablets to be absorbed, a slight tremor is visible in both hands. He does not freeze nor fall and his posture remains upright and free of the stooping and pitching forwards that is a characteristic feature of Parkinson's.

Nathan is keen to talk about the ways in which he has taken control of his life. His narrative is one of strong self-control and an almost authoritarian approach to fighting his Parkinson's *"You've got to have a good system before you can carry on because otherwise it's going to get out of line…".* The use of the phrase *'got to'* is used repetitively when he speaks of what it means to be healthy "*You've got to sort it out".*

Throughout the interview, Nathan makes reference to the external influences that require him to remain "*vigilant",* including strangers and previous employees. He extends this need to be vigilant to the dance venue, where he speaks of looking up and down the path before stepping outside to *"see who's floating around, anything that doesn't look right"*. We laughed together when I suggested he had a calling as a detective. Expressed here as another external influence that requires his vigilance is his mental health *"you've got to be careful cause that's when the depression will get ya".*

Nathan suffers with depression and anxiety. Such non-motor symptoms are a less known and less talked about part of living with Parkinson's. He speaks about the worry of being alone whilst his wife is out at work all day and he has no neighbours. He speaks about a previous anxiety attack which resulted in him being hospitalised. At the time Nathan did not know he suffered with anxiety or that he was having a panic attack. He was unable to breathe, holding onto the worktop, "*just shaking and shaking*". Luckily was found by an ex-employee who rang the ambulance. When talking about this incident, he spoke about *"getting out of control".* This phrase *"getting out of control"* is repeated three times. He was able to calm himself when they reached the hospital and the doctors "*took control*".

Dance is one of the tools in Nathan's metaphorical toolkit that he uses to "*control it* [the Parkinson's]". Diet is another. Nathan is a strong advocate for a plant based diet, arguing that the pills the doctor gives "*mend you temporarily but they don't last"*. The desire to take ownership over his body is loud and clear and he speaks of his body as something external to himself "*otherwise it's going to get out of line".* He expresses frustration with doctors and the fight he has to get the results from such things as his blood test "*they keep that pretty close to their chest".* This need to find out more about his condition has engendered a pro-active approach to researching his Parkinson's, *"I'm sort of looking for information all the time".* Nathan has discovered a wealth of Parkinson's resources on the internet which he refers to throughout the conversation. He expresses frustration with others both in the dance group, and in the Parkinson's group, who will not change their lifestyles or dietary habits in

response to the onset of symptoms "a *lot of people are putting up with a lot of unnecessary pain but they won't change their ways to counteract it".* This frustration extends to his family. He has lost two members of his family due to poor health and he has made sense of this with a cause and effect analogy, "*He wouldn't change his eating habits. And of course there he is. At 68 he's died and I'm still going. So whose right and whose wrong?".*

4.4.1 Nathan: Falls

Nathan is not afraid of falling and from his point of view, it is simply a matter of preventing the fall in the first place. *"Because that's the biggest thing. If you have a fall and break a bone...well I've never broken a bone in my body at all".* Although Nathan has never fallen, he is attuned to the potential of falls. Consideration of falls risk influences his daily activities and when speaking of his daily walk mentions "*it's got a good footpath there and your chances are falling pretty slim, you know?* Nathan's strategy, as with the others aspects of his life, is to approach the issue with self-control and discipline "*It's a matter of just training yourself to take in all the problems that come with life".*

4.4.2 Nathan: Dance

The articulation of dance as outcome oriented, is expressed several times through Nathan's narrative and Tuesday's class is aligned with "*keeping you on track".* In particular dance as a means to stay co-ordinated is highlighted as being important to him, "*It keeps the co-ordination going. That's the whole thing. That's why I do the exercises, go to rock roll, go to line dancing*".

Nathan drives 25kms to attend the dance class. Furthermore, he adjusts the timing of his Parkinson's medication around the class, "*so I force it out an hour. And that's why I come over early because I can just sit in the car and just relax, relax down and the pill takes over".* The impact of taking medication and working out which quantities are needed, when and how they work best is a large part of living with the Parkinson's and clearly shapes his ability to conduct his activities of daily living because *"if you haven't got any dopamine, well you're not going to go anywhere".* The attention to the timing of his medication so that he is able to maximise his movements during the dance class speaks to Nathan's commitment to the activities which he feels directly contribute to his health and wellbeing.

4.4.3 What does living well mean for Nathan?

Living well for Nathan equates to having a good body, or a "*good machine"* as he later describes it. As I interpret it, the exercises, walks, step-ups springs and compressions are a form of self-care. Taking care of his diet also appears key to Nathan's conceptualisations of health *" Well if you get any aches or pains, the reason's the balance of why you've got it. See you're not balancing something out in your diet because it all comes down to what you eat.* Health and wellbeing are spoken of as serious issues to be overcome with no mention of intrinsic pleasure.

4.4.4 Nathan: Summary

Nathan's narrative is one of strong self-discipline, with a strict diet and exercise regime that gives him a sense of control over his body. Being in control of what he puts into his body and how he moves his body offers comfort and security. Nathan fears losing control of his mental and physical abilities. In order to keep these fears at bay, he has conceptualised his Parkinsonian symptoms as external forces, "*something that comes in and grabs you*".

Nathan conceptualises his body as the vehicle for taking him through the rest of his life. Feeling in control of what he puts into his body in terms of diet is fundamental to his identity and health and wellbeing. *"If you don't have a good body to look after yourself, well you've got nothing".* There is a forward looking aspect to Nathan's narrative, the work he is putting in now, will allow him to enjoy his future years in better health. Aligning with this study and the understandings I seek of how older people navigate their health and wellbeing, Nathan's narrative foregrounds the importance of agency through aging and changing bodies. As such, the dance class is valued for the noted physical benefits he has found through attending class and affirmed through his personal research journey that supports the importance of physical exercise for those living with Parkinson's.

4.5 Terry: Background

Terry joined the dance class a year after they first began. He has lived and worked in Thames his whole life, working as a boat builder. He met his wife when they were both at Thames High School and he has two sons, both of whom now live in Australia. He is able to walk to the dance class and knew the other members of the group prior to joining. He was referred to the dance class by the Parkinson's nurse.

Terry invited me to his workshop in a boat builder's yard a little way out of town. He gave me a tour of the boat he is currently working on and we sat amongst his tools drinking tea. His workshop, once his place of income is now also his refuge. A place to *"sit down here and make a cup of tea and take a book"*. He is no longer working on paid jobs but is still interested in boats and helping out with other builds and maintenance.

Terry tires easily. He suffers greatly with anxiety. He is living with Parkinson's and struggling with it, "*It's not a pleasant thing this Parkinson's".* He speaks of having had cancer and that even when he was going through chemotherapy there was always a light at the end of the tunnel. But with Parkinson's "*you only know it's going to get worse".*

Terry speaks at length of the impact of his changing health on his wife and their relationship. He would like to play bowls at the bowling club with her but understands she needs space. He says several times that he is not what he "*used to be*". His cognition is affected by the Parkinson's and he sometimes doesn't understand what she has said. She often has to repeat herself, getting frustrated and rushing him to make decisions, which in turn makes him frustrated. There is a tension in the way he speaks of this changing dynamic "*she's hard to keep up with. It was fine when I was good. Now I find it some days a strain".* This shift in their relationship extends to the domains which were once solely his. Like driving his sports car, *"J just drives. I say I'm not capable of doing it. Even though I am. Quite capable".* As I understand the intonation on this last sentence, there is a difference in how he voices his inability compared to his internal perception of capability. And he speaks softly, almost in a resigned manner.

Terry speaks particularly of the confusion brought about by either the medication or the Parkinson's. He is not sure which. Either way the result is that he often forgets what he is doing mid-way through, he "*can't think straight half the bloody time".* The impact of this is

that he now has to bring his wife to the doctors with him because "*before I can get out the door. Before he pushes me out the door. I've forgotten half of what he's said".* Also highlighted by this quote is the suspicion with which Terry views the "*experts"*. He speaks of spending great quantities of money with specialists and not really feeling any more informed. He speaks of feeling condescended by the way previous doctors have positioned themselves as experts when he feels that he is the expert in this instance.

We talk a lot about the impact of the medication on his life and Terry expresses how hard it is to know whether to be taking them and in what quantities. He was never a pill taker and now he has to take eleven tablets every day, "*it's become a life of I hate f**ing pills"*. The topic of medication is a theme throughout the interview. Terry is distrustful of the medications and their side effects "*they'll give you a prescription and all of a sudden you've got solid constipation with it, all these sort of things you know. So, what do you do? take something that takes care of that and then that takes care of something else ...hmm yeah. I'm not too sure about it all*." He doesn't know if the medications are making things worse in the long run and feels alone with trying to find the balance for himself. He feels strongly that the specialists aren't really there for him. They give a prescription but that's about the extent of the care he feels he is being given "*They prescribe all these things but they never follow up on it. Not one of them would ring you up and say 'how's it going?'".*

The Parkinson's nurse is helpful but since the lockdowns they haven't been able to see her. The Parkinson's meeting is expressed as having too many people and not enough time to talk to each other. He describes it as "*having a lot of space between each other".* This voicing of separated-ness highlights that for Terry his Parkinson's is a personal journey that no one can really understand "*because everybody has to find their own answer…"* This sense of being alone with his symptoms extends to not feeling understood by his friends "*Everyone says you're doing well Terry, you know you're doing great…yeah yeah yeah. Yep. Not a problem. They wouldn't have a friggin clue".*

Considering this, I asked whether the social aspect of the dance class is his primary reason for attendance. Terry maintains that it is not. He is *"not a person that mixes with people. I go for the dancing. I don't go there to socialise".* There is a noted contradiction within this sentence as he goes on to say *"though we do socialise. Just have a cup of tea and bugger off".* He later mentions, *"I like going to the hall. I'll say that about it".*

4.5.1 Terry: Falls

Terry does not fall and does not voice concern about falling. He is concerned about his posture and the realisation that he is pitching forwards over his toes. He is aware that his steps are shortening and that he is not picking up his feet as he should. "*I try and straighten my body and walk and all of a sudden without realising your feet are (makes a shuffling motion) and you think to yourself 'you're stooping'. How do you stop that?"*

Terry tells me that he still climbs ladders as if to emphasise his perceived risk of falling to be negligible. In this way, he also does not take on dance as an activity for falls prevention. He does not attend any other groups although he does make sure he does some physical exercise in the form of walking, or some of the exercises he has picked up from the dance class.

4.5.2 Terry: Dance

Terry thinks that "*dance does help".* He states that the "*hour we spend is very important"* and makes mention of sore muscles if he doesn't go for a couple of weeks. He looks forward to going and talks specifically about having something to remember for that day and the following week. Terry does home practice although he is certain to emphasis, "*It a partake of what I can remember"* and that having an exercise or moves, or suggestions for other ways to use a prop (such as a ball) *"definitely helps"*. When asked about how the hour of dance feels in his body, he states that he enjoys it but is so full of Levodopa (Parkinson's medication) that he doesn't know where he is, "*But you do feel better for it I think".*

Terry is attuned to the physical changes within his body and frequently mimes shuffling feet or shaking. He verbalises how he is consciously trying to straighten his body, expressing that his postural changes are at the forefront of his awareness. He makes mention of the ways the dance class is addressing this, " *well that's where dance comes into it a lot. Because it is posture but it's not only that. It's moving your legs and how high and how often and your arms and what you go through and that."*

4.5.3 What does living well mean for Terry?

Terry talks of a strong sixth sense developed when working on his yacht at night. Where once he could go out for a week alone on his boat, he now takes a mate fishing with him and it is just for the afternoon. Where once he could sail storms and attend to the ropes whilst navigating the boat in the dark, he now has to think about the intricacies of walking. Living well is spoken with reference to days gone by. Terry's Parkinson's diagnosis has changed his

lived reality and he speaks of his past lived experience with a real sense of loss and nostalgia which is starkly contradicted by a present reality weighted with concerted effort. There is a sense of resignation when speaking of his present day life, noted in the lack of future projection through his narration. He does not speak of wanting to keep his body well for the years ahead, or of wishes for his future.

4.5.4 Terry: Summary

Terry is at home talking about his embodied sense of self in relation to his boat building and seafaring days. And whilst he is accommodating his changing body and making adjustments to his activities of daily living such as having naps, getting his wife to drive, and having only one or two beers in the evening instead of three or four, accommodating his embodied identity as someone with Parkinson' is less straightforward. He feels self-conscious of his movement patterns, *"that nobody's looking at you from the street…that people don't go ha ha ha"*. He feels alone with his symptoms, alone on his journey to find the medication balance and alone with his anxiety. Whilst stating that he doesn't come for the group, small comments such as, *"it's a good little group we've got there"* suggest he finds solace from moving with others living with Parkinson's.

4.6 Sarah: Background

Sarah is the second to youngest of six children. She is 71 and grew up mostly in Hunterville before leaving home for Palmerston North. There she met her husband and they had two sons and now have three granddaughters. Sarah found her way to Te Puru by chance. Her mum and dad had moved from Hunterville to retire. A couple of years later Sarah and her husband realised that her mother's Alzheimer was becoming too much for her mum and dad to cope with alone. They made the decision to take early retirement from their respective professions (Sarah worked in a bank) and moved to Te Puru to support them. Once they made the move, they realised her father's Alzheimer was as bad as her mum's and "*Two years later they died within a month of each other".*

Sarah is a story-teller and a poet. She has self-published a book of eighty poems. Her interview responses are detailed, with accentuated punch lines and I often have the sense that she has told the stories before. She tells me the story of her recent episode of vertigo, *"what I call wobble-i-tis"*. Dealing with vertigo is a new consideration in her life. She does not

know what caused it and is still adjusting to living with it. It has resulted in one big fall and a lot of "*wobbles"* and "*holding on".*

Sarah is busy and active with her hobbies, even when sitting to watch television her hands are busy as she knits "*almost every night. Almost without fail"*. She goes for long walks twice a week all around Te Puru and Thames, and has walked for many years. She is an active member of the gardening club and has a shed at the back of the house for her artwork. I am given a guided tour of the shed which is full of paints and shells and canvas. Her husband is also very hands-on and converted the shed into a craft space for Sarah as a surprise. I am shown the garden with its flowers and abundant vegetable patch and planters that her husband has made. They have modified the house since moving in, adding sliding doors and ponds and extending the veranda. It is here on the veranda that we sit and drink tea and eat my daughter's home-made biscuits, watching the coming and goings of Te Puru.

Sarah is open in sharing stories of her recent vertigo episode. How it came on all of a sudden one evening and just hasn't gone away. Sarah was house bound for eight weeks. Unable to travel in the car, her world became very small as she struggled to stop the *"spinning"*. She is now able to travel on some days but corners can still be problematic. This holds relevance for attendance to the dance class, which Sarah has maintained because she is able to walk to the venue and adjust the movements offered within the session to accommodate the dizziness. She has had to make other adjustments to her daily activities, speaking specifically about hanging out the laundry which speaks of as a set of choreographed movements, "*so I know now you get the washing out and you put your hand on and you grab the line and then you go like this(mimes reaching for the washing line, head forward, arms up) and peg it up while looking straight ahead".* Feeding the goldfish is similarly attended to as a series of broken down moves, "*I've always liked feeding the fish. Get the container, pour into my left hand, wander down the stairs, feed the fish"*. The ways in which the vertigo have interrupted these movement patterns is clearly articulated in the way she now has to shift the fish food from one hand to the other prior to stepping, because moving her hands whilst walking can trigger the dizziness.

Sarah is able to articulate the ways in which automatic actions need to be overcome, training herself to re-programme lifelong habitual movement patterns such as "*sitting up on the side of the bed or just turning over in bed.* There is an attention to the detail of everyday actions when Sarah speaks of lifting her head, how she has to consider where her eyeline rests,

whether there is something to hold on to, the speed at which she can move. She laughs about it taking her back to her childhood, "*when I was a child and there was that thalidomide scare and everybody was losing their arms and legs all these babies were born without arms and legs. But at that stage I just thought I could catch it so I trained myself to use my toes to pick something up in case I lost my arms".* She tells me the toe picking up strategy is currently proving invaluable when she drops something.

4.6.1 Sarah: Falls

"I hit the tin wall of the garage. I don't remember going from me there to there. I don't. There's nothing between there and there (hand gestures demonstrate standing and falling to the side). So I must have actually passed out and the first thing I remember is hearing the bang on the garage wall and thinking ' what was that? Oh. What am I doing here sort of thing".

Other than being shocked and a bit bruised, Sarah suffered no injury from this fall. However, the fall event has left an imprint for both herself and her husband. Sarah's husband has *"been keeping an eye"* on her and especially in the early days of the vertigo, he was sure to know her whereabouts all the time. Although there is a lightness to her statements, I detect mixed feeling about this loss of autonomy where being in the bedroom or the bathroom now triggers her husband to come and find her.

Sarah speaks of the exercises she has been given by the doctor. She notes that these exercises haven't been incorporated into her routine and therefore have fallen by the wayside, "*I've got an exercise I do. I must admit I haven't done it very much recently because we've been away and I haven't got back into it".* This contradicts the ways in which the falls prevention exercises from the dance class have become a part of her daily routine "*Since I've been coming to the dance class, I'll do squats in front of the mirror. If I'm feeling a bit wobbly I just do (gets up to show me) just little, just little ones…so that's almost. almost without fail I do that for the two minutes my toothbrush goes. Morning and night".*

4.6.2 Sarah: Dance

The love of music and moving brought Sarah to the dance class *"if a good piece of music comes on and I'm on my own in the house, I'll start dancing round the lounge and up and down the passage".* Sarah makes reference to the private pleasure of dancing for herself, expressing a self consciousness that makes her stop if her husband comes into the room "*if*

R's in here and comes in when I'm dancing and he usually does this (waves arms about) and I say 'go away, you're meant to be supportive'. And he just smiles and sits down so I stop dancing".

When speaking of dance as an activity she voices that an initial motivator to attend was that she thought *"it might help. You know, because as you get older you start losing your facilities and faculties. (laughter) And I thought it might help… but I enjoyed it so yeah that's good.".* Dancing is not a new activity for Sarah however. She recounts in detail the 'elephant walk' dancing they did at school and the different dance activities she has taken part in through her later life such as Zumba and 5 rhythms dancing.

4.6.3 What does living well mean for Sarah?

Living well boils down to: " *you can just do what you want to do when you want to do it. If you're not well there's restrictions to what you can do".* Sarah never speaks of health or wellbeing as direct goals. Diet is not mentioned although I am aware from being shown the garden that Sarah and her husband are growing a lot of the food they eat. The walks she takes and the dance class are not aligned with functionality although the fact that it is "*good for the exercise as well*" is mentioned.

Sarah is matter of fact about personal responsibility and the ways in which she feels people need to be accountable for their actions, "*If you don't do it nobody else can do it for you. You know, if you sit and eat chocolates every night that's your fault. You can blame the people who gave you chocolates for Christmas but it's still your fault for eating too many".* There is no space within Sarah's black and white statement for shades of grey, the weight of good health rests firmly on an individual's shoulders.

4.6.4 Sarah: Summary

Sarah recounts stories with fact and humour and without dwelling on either the positive or negative associations that could be made, *"I had problems with my neck when the kids were very little. And the doctor I saw they said it's a woman's problem. And I looked at him and he said 'Yes. because you women, carry your baby on one hip and it deforms your spine and you have zips up the back of your dresses and you're always trying to zip them up or unzip them and he said you're doing unnatural postures…now I put my zips in the sides of my dress!"*

Other than a single reference to aging, Sarah appears to live very much in the moment. The activities she loves are gardening, walking and dancing which she does out of intrinsic

pleasure rather than perceived obligations to meet external goals. She is clearly less motivated by the functional outcome than the enjoyment of the activity itself. "*I love to walk and so I just do that anyway".*

Attention to the smaller details such as consideration of where her eye line rests, not going in cars, not bending to pick things up is enabling her to stay connected to the activities that bring her joy. For Sarah, the venue being within walking distance has been a key facilitator for her continued attendance in "Dancing to Health" sessions.

4.7 Steph: Background

Steph is 63. She was 58 when diagnosed with Parkinson's. She started attending the dance class following a taster session with the Parkinson's group in Thames. Steph is unable to drive, and communication is a daily struggle, *"I can't write anymore, my speech is too quiet. My head is down so people can't see my eyes".* Her best friend drives her the 35kms from home to the venue and together they attend the dance class.

We met initially in a café in a town 35kms from Thames. Following on from this, Steph invited me to her marae for the follow-up interview. Both the initial "wandering with" and the interview were difficult to record due to her significantly compromised posture of the neck and upper back which means her chin is almost touching her chest. Steph's ability to eat and swallow is compromised alongside her ability to be heard. She believes this to be a combination of the Parkinson's and the side effects of the medication to control the Parkinson's but she has had no official diagnosis. At the time of our interview she had been waiting six months to see a neurologist. Her voice is almost inaudible and she is unable to look up to make eye contact. In this case therefore the narrative has been constructed primarily from notes taken during and post interview as opposed to working from the interpretation made by the re-reading and replaying of interview transcripts as per Cases 1-5.

Although I initially sat opposite Steph in both the café and the marae, it was necessary to adjust my position throughout our conversation in order to catch her words. I found the best way to hear her was to sit close with my ear close to her mouth, in a sort of crouched position so that we could also maintain eye contact. However, I changed position several times according to what felt appropriate at the time. I spoke back what I had heard often to ensure that I had heard correctly. During our interview at the marae, Steph's sister joined us for

lunch and was around for support. I understand that during community get togethers, or marae meetings a family member will sit next to her and ensure that her voice is heard by sitting next to her and speaking on her behalf.

Quite early on in the interview Steph started crying when showing me her family photographs. She told me not to worry, she cries easily and often - when she's happy, when watching a film, when telling stories. She began to talk of the cultural differences between her Pakeha birth family, for whom crying was a sign of weakness, and the Māori culture she has married into, where crying is accepted. When Steph's brother died at 21, she cried and her dad told her *"don't cry, it's weak"*. Steph reflects that at the marae there is no shame around crying and spoke of how different the grieving process is across the two cultures. She compared her father's response to her brother's death, when she was newly married, to that of her mother's death, by which time she had been married for years and her father had become used to the Māori ways. He asked Steph, "*If I want to have the body at my house, what do I have to do… So my mother's body was in our house and some people weren't comfortable with that and we said 'you don't have to come into the house'. Because they were Pakeha. And that's not what they were used to*". Steph reflected how comforting it was for all of them to have their mum in the house with them. Her mum was spoken to as if she was still there and was kept company day and night for the week leading up to the funeral.

We spoke further of the cultural differences with Steph observing that hardest thing about *"assimilating"* into the Māori community was the way in which the personal became communal. When she was first married, she was surprised when her extended family would come in and borrow things straight out of the kitchen. When people come by, she learnt it is important for one's "*mana"* to have food on the table for them. That might mean that you have to borrow food from someone's cupboard, or they might borrow from yours in order to be able to offer food for guests. This is an unspoken rule through the community, each giving what they can.

Sarah speaks with so much love and pride about the Māori culture as she shows me around the marae and explaining the carvings, the imagery and symbology. She has had the honour of being a celebrant at the marae, stopping her duties after her diagnosis in 2016. *"I enveloped it. It made me feel right. It swept over me. Wairua. I can't go in the marae without feeling it. I won a prize and went to the Grand Canyon with my daughter. When I was*

standing at the bottom of the Grand Canyon, there you could feel the wairua. You can't miss it. Wairua is part of life. I chose to bring up my children in that environment".

The Māori culture is slowly being adopted by her sisters. One of the sisters came to the marae with us and as we ate lunch they spoke about a recent tangi (funeral) and the unspoken rules of the community around who goes where. Men by the fire. Women in the kitchen, each with their own role. There are the ones who wash up and the ones in charge. It is the same for the men. We spoke of a recent funeral and dynamics at play. Steph's husband has taken on many of the responsibilities of a leader, even though he is the younger brother. Steph explains, *"Mana is something that people have or don't have. You can be the eldest son and not have those leadership qualities. And people will naturally turn to somebody else. That's what has happened with W (her husband) and his brother"*. Steph mentions that there are not many older men left. The only male elder left who can hold ceremony is 63. There is a gap in the community and it is being felt. This is attributed to the people not learning Māori *tikanga* (protocols) and the younger ones leaving to study or work in the larger towns and cities. *"It's a real problem. People get tied up in their own lives"*. There are plans afoot to build an extension to the marae but Steph reflected that it is no good just having a building. You also need to have the people.

Steph used to live in Christchurch and spoke at length about the earthquakes and how devastating they were for the city and its residents. She was working at the time for the All Blacks as their tour manager. Across the road was a school and when she started speaking about hearing the children crying, she too began to cry. At the time of the earthquakes her children weren't living at home or in Christchurch but the lasting impact of the earthquakes meant that they couldn't settle back, with two of her daughters leaving to live in Australia. Steph and her husband chose to move back to their home town.

Steph has been very involved with sports throughout her life and key in creating and coaching after school sports clubs, *"kids in sport stay out of court"*. Steph speaks of her gift as "*the ability to encourage people to be themselves"* and although no longer coaching, she continues to find ways to do this through supporting family to achieve their goals (her middle daughter now plays for rugby for New Zealand and Canterbury) and making herself useful to the marae by typing up the minutes. Within the dance class, Steph is quick to organize chairs and re-strategize when the decision was made to dance outside, *"I am a really good problem solver. I'm just slower to do things. I've always been upbeat. Always been able to self-*

motivate. Like the Nike tick - Just Do It. Now, I am still motivated but I have to get around it in a different way. I still type up my own reports (from the marae). My niece or daughter help me. I've had to re-strategize".

4.7.1 Steph: Falls

Steph has struggling increasingly with her balance and her feet and her posture is greatly compromised in a forward, arched over position. Two years ago she fell in the garden. Conversation did not linger here but the serious implications of what could have happened had she landed differently are clearly felt by Steph, "*You can die. I fell over in the garden. There are rocks all around and if I had landed on one of them I could have hit my head. I could have died".*

The repercussions of the fall are still felt as she is "*forever looking"* for potential hazards. "*There is nothing worse than someone saying 'look out for that step'. I've seen it before them!"* As the sort of person who used to grab a bag and go, she speaks of the difference with now having to *"really think"* about the facilities and access before going anywhere. The constant vigilance to her surroundings and the way her body is moving, or anticipating the way her body will move through these surroundings is *"tiring and I'm already tired".*

Steph's narrative is one of a quietly steely determination. The new challenges posed by a changing body are met with a motivation to re-strategize, "*When you freeze you need a strategy. Sometimes I freeze. And then I move to my left or I do something else with my arms. Take my mind off it and then I'm able to move forward".*

4.7.2 Steph: Dance

The dance class is the only class Steph attends. Contrary to her sporty past, Steph's present physical activity is now centred around her family and the marae. Her neck is very uncomfortable and only relieved when lying flat which has obvious implications for her activity levels.

Steph makes it known that she is motivated by the enjoyment of music and dance for its own sake. Any functional outcomes are secondary to moving, "*I am aware of falls prevention in the classes but it's not why I come. I come because of the music and because I like to dance. I wanted to mix with others who had Parkinson's. I like it when we partner dance".* She laughs about the way the men become shy and *"hold back"* when they are asked to work in pairs or in groups. Steph reflects that she has missed this aspect of the dance class, with

social distancing in the class requiring chairs to all face the same way and be spaced at least a metre apart.

Steph speaks specifically about the music of the dance class and the way in which the "*beat is helpful".* She does put on music at home but it is to listen to as opposed to supporting her movement. She speaks of a course she went on when first diagnosed with Parkinson's in Christchurch and draws on the elements of this course to speak about the specifics of the dance class. Her sporting background enables her the language to voice the benefits she feels from the duality of tasks introduced in the dance class such as walking alongside choreographed arm movements and other dual tasking activities. She is noticing that it is taking her longer to transition between sides of the body. This felt sense of her lived body extends to how she feels after the dance class, "*I feel good all over. It stays with you."*

4.7.3 Steph: What does living well mean for Steph?

Steph speaks simply of living well as being fit enough *"to do what you need to do*". There are no external targets to be met or minutes of exercise that she seeks to achieve. Feeling well is conceived of in relation to her ability to be functional within her life. Wellbeing is spoken about as *"being happy. You don't have to be 100% to feel well in yourself."*

Speaking to definitions of health and wellbeing Steph speaks of how the rules and recommendations about what is good for us are often externally driven. Using smoking as an example she talks of the time before it was banned when she and her husband would be sitting in a room "*in a haze of smog"*. Then the laws changed and all of a sudden it was just *"me and my husband left in the pub."* Later, there was cancer and protecting from the sun and not eating certain foods. And now it is Covid-19. The example of Covid-19 is mentioned in a more questioning way, "*What's going to happen when we can't get together? It's depressing. My daughter's friend has had to give up on her wedding three times. What's going to happen to society. Are people just going to give up on the things they want to do? Has the suicide rate gone up? That scares me more than getting Covid".* She relays further fears for all the children who have had their groups stopped and extra-curricular activities curtailed and wonders*,"What are kids doing? They are looking for something to do. How long until they find trouble. That's just an observation from a small town. What about on the larger scale? What are all these kids doing when they can't get together?".*

4.7.4 Steph: Summary

Steph is used to running the show and being seen. As the previous tour manager of the All Blacks, a community leader and a celebrant for the marae, having her voice heard and "*being useful*" to others has been at the core of her identity. She is "*feeling like a different person"*, and for the most part this difference is not expressed either negatively or positively. Steph's ability to problem-solve and find new ways to be in her body has engendered an acceptance and forward focused outlook on life, albeit over time. She explains, "*When I got Parkinson's that's why it was really bad for me. I am used to giving not taking. It took a long time to learn to receive. And accept it. I am beginning to understand that people like to do things for me. I need to see it as a gift".*

4.8 Conclusion

In presenting the cases individually, this chapter has made clear the very different physical, spiritual, emotional and mental personal spaces that each participant speaks from when voicing their perceptions of the dance class and how it intersects with their conceptualisations of health and wellbeing. The purpose of this study is to create a broader understanding of dance as a falls prevention intervention for community dwelling older adults by incorporating personal ideologies of health, wellbeing alongside perceptions of falls risk and the dance class. In asking "How does dance benefit the health and wellbeing of older adults who fall?", this chapter has painted a picture through words of how six older adults make sense of their bodies, as both "the medium of experience and action" and "the subject of their experience" (Fernandez, 2020, p. 4406).

As noted in the methodology chapter, it is understood that the interpretations of the interview transcripts are not "truth". They are a snapshot of how each participant was feeling on that day, filtered through my own evolving understandings of the participants and their personal stories.

5 Findings

5.1 Introduction

Through the individual narratives as presented in Chapter 4, I painted a picture of the personalities and identities of the participants at the heart of the research process. This was a considered choice as through doing so, I have situated them within the contexts of their lives in order to better understand how they make sense of their experiences. Additionally, I wanted to explore the connections, commonalities and differences between participant narratives, as offered through a thematic analysis across the entire data set.

The data analysis process (explicated in Section 3.8) led to the identification of five key themes and corresponding subthemes as shown below in Figure 2. Within the context of this study, I wish to make explicit that identity refers to the ways in which the participants represent themselves through interview. It has not been separated out as a distinct theme with the understanding that self-identity is the lens through which the experience of community dance is made sense of by the participants.

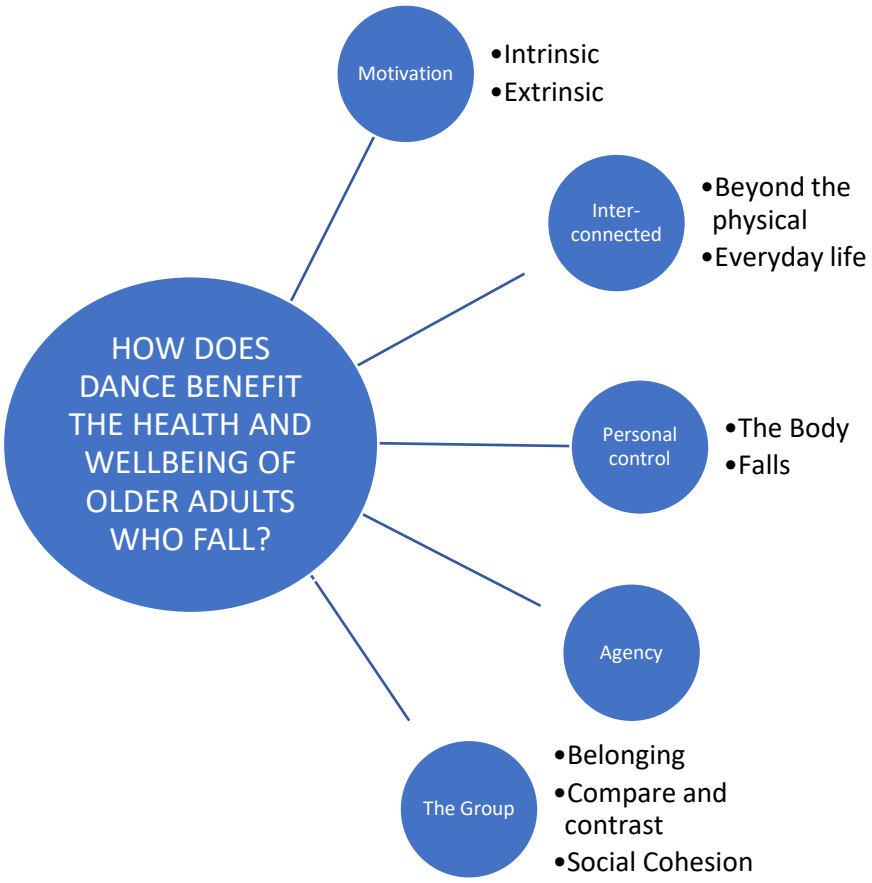

Figure 2. Thematic Breakdown: Main Themes and Sub-Themes

5.2 Motivations

Motivation drives participation in dance activities and plays a significant role in shaping the experiences of older adults. The participants in this study had both intrinsic and extrinsic motivations for attending dance sessions. Intrinsic motivation refers to the inherent enjoyment and personal satisfaction gained from participating in the class, while extrinsic motivation refers to external factors such as seeking physical benefits and health outcomes. This finding highlights the diverse range of motivations that drive older adults to participate in dance activities, and how these motivations can shape the experience and impact of a physical activity on their health and wellbeing.

5.2.1. Extrinsic

The research question "*How does dance benefit the health and wellbeing of older adults who fall?",* is answered through this theme with an understanding of the central role of the body in the dance experience. Participants consistently emphasised the importance of taking care of their body. Comments such as, "*Number one is to look after your body"* and *"I know if I don't do it for a couple of weeks my muscles are sore",* illustrate the primary importance of the body as a vehicle for experiencing the world. The participants describe physical activity as a part of their exercise regimen, with a focus on daily goals and routines. They view functionality and self-discipline as crucial for their health and wellbeing. This approach to exercise and physical activity is driven by a focus on the outcomes, and can be seen as an example of extrinsic motivation.

This finding is substantiated through numerous comments about the noted physical changes attributed to attending the class, including improvements in posture, increased energy levels, and reduced swelling and muscle soreness. These physical changes are perceived as positive and contribute to the continued attendance of the class:

It helps with the fact that I have problems with my feet. And my balance.

By doing the exercise with dancing, it helps me very much.

Some interesting side-benefits were mentioned as a result of the dance class, including reduced swelling, muscle pain and an increased sense of mobility, as explained by Maureen, *"My hands are more supple…I don't have the swelling in my ankles that I used to have."*

The study also revealed that the drive to keep fit and improve one's health is a major factor in participants' decision to attend dance classes, which aligns with the idea of extrinsic motivation. This outcome, though unsurprising given the connection between dancing, physical wellbeing, and aging, was noteworthy in the extent to which participants, especially the men, had clear and defined goals when it came to exercise.

Specifically, it was the men who in interview and the focus group discussion tended to express their motivations in terms of set exercise outcomes, such as reaching a certain number of minutes of exercise, or achieving certain fitness targets; as stated, *"I do get a little bit annoyed if I don't reach my target"*. The framing of the dance class as a means to an end, rather than an end in itself, exemplifies the role of extrinsic motivation in driving participation in the class, *"It helps you keep with the exercises you got to do"*.

On the other hand, the three women in the study expressed the importance of family and relationships as a driving force for maintaining their physical wellbeing. They mentioned things like "*It's always been important to me to help people. Family or community or friends"* and *"It's about communication. Being able to communicate"*. This gendered difference in the nature of external motivators is noteworthy and highlights the need to consider the different motivations and barriers that may exist for men and women when it comes to physical activity.

My initial thematic analysis had taken note that none of the participants had attended falls prevention interventions. I was keen to further explore this and asked the focus group whether they had been referred to one of the strength and balance classes that are delivered in different locations across the Thames-Coromandel, including bi-weekly at the Age Concern premises in Thames. Not one participant had been referred or was aware of these classes, which in light of recent trips, falls, broken wrists and diagnosis of vertigo highlights a red flag for better outreach and education about falls prevention programmes. The results indicate that the current messaging and communication channels through GPs, Thames Hospital, ACC and the Ministry of Health are not effective in reaching the intended audience and promoting participation in falls prevention programmes.

The participants' narratives also touched upon feeling *"pushed out the door"* by doctors and not receiving the information they sought, further supporting the key finding of a communication breakdown between primary healthcare professionals and participants. It is possible that the information was given but subsequently forgotten, as it may not align with the participant's self-perception.

Despite acknowledging the relationship between physical activity and overall wellbeing, the participants in the focus group did not perceive falls prevention and the improvement of strength, balance, and coordination as interrelated. Falls prevention was not voiced as a specific motivation for attending the dance class, *"I knew about the falls prevention but that's not why I come"*. They were keen to assert the importance of physical activity in promoting a longer and better life, but reducing or preventing falls, was not a driving factor. Instead, the weekly dance sessions were viewed as a form of insurance against declining functional ability.

This finding highlights the need for a change in framing and messaging to better align with participants' perceptions and motivations, underscoring the significance of taking into

account individual motivations when creating and promoting physical activities. Whilst staying physically active is the key impetus for attending the dance session, participants are equally keen to assert the importance of enjoyment as a motivator. The intention to attend the dance sessions is driven by the motivation to stay healthy but comes to be realised primarily through the pleasurable experience of moving to music.

5.2.2 Intrinsic Motivators

In relation to "Dancing for Health", it appears that while external factors may initially drive attendance, it is the pleasure and satisfaction derived from the activity itself that keeps participants coming back:

I'd be less inclined to go if it was a chore because I could be quite lazy if I let myself

You've got to enjoy doing it because otherwise it's pointless you know

I don't think you'd want to take on something that you didn't enjoy

Intrinsic motivators as I refer to them through this theme, relate to the internal factors that drive participants to attend dance sessions. Participants have acknowledged the importance of these internal motivators using words such as; *"love", "joy",* and *"pleasure"* to describe their feelings towards dancing. These intrinsic motivators are fundamental drivers that lead to the continued adherence to the sessions as part of the motivation to stay healthy.

The fundamental role of intrinsic motivators is highlighted in the way in which exercise uptake from the dance class has been incorporated into Sarah's life, "*since I've been coming to the dance class, I'll do squats in front of the mirror. Just little ones…so that's almost without fail I do that"*. There is an observable difference between this integration of one of the key strength exercises used within the dance class and the physiotherapy exercises Sarah has been prescribed for her vertigo. The physiotherapy exercises, she voices as *"a bit of a bind"* and leads to the later confessions that, *"I haven't done it very much recently".* Whilst Sarah recognises importance of doing the exercises, this alone has not precipitated behaviour change.

Music is similarly voiced both as an intrinsic motivator and a key ingredient in the enjoyment of the session. Through participant statements, the role of music in health and wellbeing is variously articulated as; *"sheer pleasure", "soothing"* and *"moving".* The fundamental role of music in facilitating movement is not a new finding within dance and Parkinson's research

nor in dance for older adults. However, in the field of dance and falls research, the role of music has yet to be fully explored. This research study draws specific attention to the importance of music as a motivator for attendance and engagement in "Dancing for Health" sessions. While in practice, music is often utilised as a secondary element in falls prevention exercises (Strong and Stable, personal communication, 27 November, 2022), through this finding the imperative of understanding the role of music in motivating attendance and engagement cannot be underestimated. It is important to note that this research study does not extend to examining practice and pedagogy within the dance and falls field. However, this finding has much relevance for the delivery of dance within the falls prevention arena and places the "how to" of marrying music with falls prevention exercises high up on the training agenda for future dance facilitators.

5.2.3 Summary

The theme of motivation is a crucial aspect of understanding the benefits of dance for older adults who have fallen. This theme highlights the way in which external motivations such as physical ability initially drive attendance, yet it is the inherent enjoyment and fulfilment from the activity that keeps participants motivated to continue attending and to continue moving and exercising outside of the dance session. Moreover, music was found to be a key motivator for participation, emphasising the significance of incorporating music into falls prevention programmes. By incorporating music, the exercises become a harmonious partnership between movement and sound, elevating the dance experience beyond the *"chore"* of regular exercise. Lastly, within this small sample, motivations were notably variable according to gender with men focused on achieving personal goals and women wanting to stay active for family and friends. Communications from health services must take these differing motivations into account when crafting messaging to promote falls prevention interventions. Understanding motivations is a crucial first step in successfully engaging older adults.

5.3 Inter-connected

The theme of inter-connection highlights the holistic experience of dance. This theme emphasises that the dance is experienced as something other than just physical exercise and supports the concept of health existing beyond the bio-psycho-social domains. Moreover, the

inter-connection theme underscores that the dance session is not experienced as a compartmentalised hour, but instead is integrated into the daily lives of participants.

5.3.1 Beyond the physical

The weekly dance session offers a comprehensive and multi-faceted approach to promoting health and wellbeing for older adults who have fallen. Participants accounts reveal that the session goes beyond just physical exercise, contributing to overall wellness in multiple domains of health, heard when David states, *"I feel healthier, I feel sharper in my mind, in my heart and just that sense of general overall feeling of wellness".* Maureen adds further credence to this finding when she states, "*It contributes to the whole spectrum of everything".*

Specifically, there is much mention of the impact of mental health on physical health, such as when Maureen speaks of a *"fog that gets in the way of enjoying the fact that my body is more active"*. The recognition of the inseparable relationship between mental and physical health emerges not only in the context of past and present life challenges, but also as a component of how participants understand the benefits they are experiencing. A major psychological benefit described by David is an increase in confidence, *"Confidence. It's all confidence. if you can keep your confidence up, you can do anything".*

Of note is the way in which the moving body is supporting a notable feeling of change as participants describe feeling *"recharged", "different"*, and as if something has *"shifted"* after participating in the dance session. In this way, the dance sessions are placed as a tool to support mental health:

"The dance classes are the ones keeping me on top"

"I don't know what I would have done without it"

This finding suggests that older adults are as aware of their mental health as their physical health although the specific way that dance supports mental health is not articulated directly. One participant offers that he feels better because, "*you're taking part in physical activity, using both your mind and your body",* whilst another highlights the comfort derived from being in a group of individuals who are undergoing a similar movement journey as contributing to their mental health. Speaking to the lived body interplay between mental and physical health, David also speaks of how dance for him is a way of leaving his worries behind stating that "*it clears your mind to the fact that you are in the moment".*

The experience of dance is also expressed as an energy or a feeling that is described as, *"an exquisite moment of being, you know, in a vortex of just pure energy. How do you explain that? You can't".* Further descriptive words such as, *"upliftment"* and *"enlightenment"* indicate that some participants experience a sense of connection to something greater than themselves, providing evidence for the effectiveness of dance-based interventions in improving not only physical health but also psychological, emotional and spiritual wellbeing in older adults who fall; "*it just covers everything. Mental, spiritual, physical, emotional"*. Understanding that spirituality is inseparable from the understanding of health and wellbeing for some participants highlights the limitations of promoting falls prevention exercises, be that dance or any other activity, as solely physical interventions.

Maureen uses the word "*connected"* several times as a way of trying to explain how you cannot separate one thing from another in matters of health. The narrow approach to promoting health seen through public health campaigns that focus on physical exercise, such as the current messaging from New Zealand's falls prevention programme, "Exercise regularly to keep living the life you want to live" (Live Stronger for Longer, 2022, para.1) may not be effective, especially for Māori and Pacific communities in Aotearoa who include spiritual, emotional and community health as deeply integrated (Tararo-Ruhe et al., 2018).

Maureen's narrative in particular foregrounds spirituality as a central part of understandings of health and wellbeing, which she describes as feeling linked to a "*sense of universal energy*". For Maureen, dance is more than just a physical activity; it is a way of connecting with her spirituality and maintaining her sense of balance and harmony. These expressions of connection to *"essence"*,*"dharma"* and *"wairua"* align with the Māori model of health, represented within Durie's Te Whare Tapa Whā *(1994)* which as attended to in the literature review, accepts spiritual health as an integral aspect of overall health. Despite evidence that more Māori fall than non-Māori within Aotearoa New Zealand (Keall et al., 2021), I could find no falls promotional literature that frames the health and wellbeing of older adults in relation to Te Whare Tapa Whā.

5.3.2 Everyday Life

Within this theme, the specifics of the exercises, the music and the other components that make up the dance class are less important than the greater context of the class. The irreducible nature of dance and experiences of aging, health and falling come together to

attest to the deeply inter-connected relationships people have within themselves, their environment and between each other. This sees the experience of the dance class spilling beyond the hour. The dance session connects to participant's everyday life, with benefit spoken about in relation to the immediate hours after the session, *"I don't just want to go home and sit and have a coffee".* Participants explain how they integrate it into their daily lives, such as creating a space for it (as mentioned by Sarah), dancing with their grandchildren using movements from the class (as shared by Maureen), and remembering bits of the class in order to practice at home (as expressed by Terry). The class not only provides the opportunity to be physically active during the hour, but also inspires long-term behavioural changes towards health and wellness, as participants become more conscious of the importance of keeping their bodies healthy, *"it makes me more conscious of the importance of keeping my body in a healthy state".* Through this finding, the dance session not only has short-term benefits but is also creating long-term changes in participants' habits and daily activities.

This finding is particularly relevant for it is a frequent observation within the falls literature, that falls interventions alone are unlikely to reduce the risk of falls (Day et al., 2011; Ganz, 2008; Robitaille, 2008). Long term, sustainable changes in activity uptake are the ultimate goal, with older adults integrating the evidenced falls exercises into their daily routines (day et al., 2011).

The finding underscores a significant issue in the evaluation of falls prevention interventions, which has been a recurring theme in this thesis. The predominant emphasis on measuring outcomes before and after an intervention fails to provide a comprehensive understanding of the intervention's impact and do not fully capture the range of benefits experienced by participants.

5.3.3 Summary

This theme reveals the importance of recognising the inter-connected relationships between people, their environment, and within themselves when studying the benefit of dance on health and wellbeing. Broadening the research focus to encompass the role of dance in participants' lives has revealed that benefit is experienced beyond the scheduled hour of dance. Participants have reported incorporating dance into their daily routine, such as making time for dance, practicing movements at home, doing squats and balances whilst brushing teeth and dancing with their grandchildren. The dance class has motivated long-term

behavioural changes towards health and wellness, making participants more aware of the significance of maintaining a healthy body.

Through this theme, participants recognise the inter-connected dimensions of spiritual, emotional, mental, and social dimensions of health that co-exist with their physical health. By recognising the holistic nature of health, this study aligns with the Maori health model of Te Whare Tapa Whā, which acknowledges the interconnectedness of the four dimensions of health: taha wairua (spiritual health), taha hinengaro (mental health), taha tinana (physical health), and taha whanau (family health). These findings have significant implications, particularly for Aotearoa where Māori and Pacific communities are more likely to fall and less likely to attend falls prevention programmes (Keall et al., 2021). By aligning intervention with the Māori belief system and Te Whare Tapa Whā as a model of health, this finding holds promise for more culturally relevant falls prevention interventions.

5.4 Personal control

The theme of personal control explores the complex relationship between the body, personal identity and physical health. Participants in the study view discipline and the ability to maintain a consistent physical activity routine as being within their control; it is viewed as a personal strength. However, physical symptoms and falls are seen as external to their sense of self and beyond personal control. This theme highlights the importance of personal responsibility in matters of physical health and wellbeing, and reveals the intricacies of the relationship between the body, personal identity and control.

5.4.1 The Body

The theme of personal control in physical health and wellbeing is a complex one, and participants see the body as both within and beyond their control. Discipline and the ability to maintain a consistent physical activity routine is viewed as a personal strength that is within their control, "*if you're not prepared to get off your backside and put yourself forward, then in a lot of cases you've only got yourself to blame if you're falling behind"*. The importance of taking personal responsibility in matters of physical health and wellbeing, is substantiated through statements such as, *"it's just a matter of training yourself*".

Nathan relays how he times his medication according to the situation, and in doing so takes control of his symptoms, "*so I force it out an hour".* David accepts that he can't feel his feet, but by taking control and paying attention to how he walks *"heel, toe, heel, toe"*, he is able to take control. Sarah's elaborate fish feeding choreography also has the theme of personal control running through it, as she makes explicit how she is adapting her routines.

This is not a clear cut finding, for the issue of personal control ties deeply to self-identity and agency. There is a perceived difference between taking control over health behaviours, such as diet and exercise, and the loss of control over the physical symptoms arising from illnesses such as vertigo and Parkinson's. Because these physical symptoms are often associated with a loss of function or ability, there is a challenge to participants sense of self and identity, such as "*before the Parkinson's took over"* which is situated as beyond their control.

5.4.2 Falls

Through the data analysis, participants are framing the falls event as extrinsic to themselves and therefore, not within their control. Responsibility for the fall is attributed to environmental hazards such as "*uneven footpaths"* or the *"lips of pavements"*. Participants speak of their falls in terms of "*just going down"* or "*not feeling themselves fall",* stressing the unexpected and uncontrollable nature of the event. However, when discussing falls risk, participants placed the decision to enact certain behaviours, such as looking where they walk or being more mindful of their surroundings, as being within their personal control.

The finding highlights the need to consider where participants themselves place the fall, whether they consider it to be within or beyond their control and how this information ties into their sense of identity.

5.4.3 Summary

The theme of personal control highlights the complex relationship between the body and personal identity. Whilst participants view the ability to maintain a consistent physical activity routine as being within their control, physical symptoms and falls are often seen as external to their sense of self and therefore, beyond personal control. This highlights a disconnect between the perceived uncontrollability of these events, in particular a fall, and the perceived control over the risk of future falls. The relationship between control and personal identity emphasises the significance for older adults in retaining ownership over one's own body, regardless of age, illness or falls status. By understanding the disconnect

between the perceived uncontrollability of falls and the perceived control over falls risk, researchers, practitioners and policy makers are better informed to tailor interventions that resonate with the identities of older adults. This finding is a significant contribution to the knowledge base required if policy makers hope to understand, and rectify, barriers to the uptake of falls prevention interventions.

Through this theme, it can be understood that the creation of a space where individuals feel in control and empowered to participate is central to understanding how dance benefits health and wellbeing. Through dance, participants are able to assert control over their movements and actions, promoting a sense of agency which is particularly significant in the face of the progressive symptoms of Parkinson's that are stripping away control. This finding is closely related to the concept of agency, which is another way participants express the benefit of "Dancing to Health".

5.5 Agency

I recognise that the themes of "Agency" and "Personal control" share similarities, but they have distinct conceptual differences within this thesis. When I use "Personal control", I refer to how participants talk about their bodies, illness, falls, and falls risk in terms of being either within or beyond their control. "Agency" whilst also being centred around decision-making power and a sense of autonomy, encompasses participants definitions of health and wellbeing, as well as what they consider important in order to live well. This distinction is crucial for understanding the findings of this study.

Definitions of health and wellbeing spoken of as:

being able to do what you want to do

to be able to enjoy your family

Specifically, the definition of health as *"being able to do the things I love most"* highlights the fundamental role of agency in understanding what living well means for the participants. As illustrated through chapter 4, a strong sense of the individual's interests such crafts, gardening, boat building and singing reflect an essentialness of how participants see

themselves. Therefore, attending the dance sessions can be understood to align with participants self-identity.

Participants describe the decision to join "Dancing for Health" as a positive action taken for themselves, with an emphasis on maintaining control over decision-making and finding new hobbies for personal development and wellbeing. Through statement such as, *"I am constantly looking for growth on a personal development level",* agency can be understood as a dynamic concept and its pursuit linked to personal development and wellbeing.

Steph's experience with Parkinson's has forced her to adjust the way she approaches everyday activities. She can no longer "*grab a bag and go",* as she must now take into account the facilities and accessibility of her surroundings. Despite these challenges, Steph remains determined to maintain her sense of agency and autonomy. She actively chooses to make a sixty-six kilometre round trip to attend the weekly dance sessions, a physical activity that aligns with her self-identity and provides her with a sense of enjoyment. By doing so, she is able to promote her agency and autonomy even in the face of a changing body and challenging circumstances.

Agency is key in understanding what living well means for the participants where the journey to maintaining or regaining control over movement, particularly in the context of Parkinson's disease, takes on particular significance. Participants comment on the opportunities within the dance sessions to make autonomous choices such as where to place the body in space and which movements to make, *"When we had to do our own dance I liked that. We had to think about all the things that were important to us. I liked that. I had to think for a while about what I wanted. It was good".*

5.5.1 Summary

The data analysis found that participants define health as being able to do what they want to do, which emphasises the importance of self-identity and agency in understanding what living well means for the participants. Specifically, the independent choice to attend the dance sessions aligns with their self-identity and allows them to engage in an activity they enjoy, thus promoting agency and autonomy in their lives.

5.6 The Group

The social aspect of dancing with others is emphasised through participant interviews, and is explored in relation to the subthemes of belonging, compare and contrast, and social cohesion. As a thematic heading, "The Group" is used to explore how the group experience is conceptualised and framed, and to examine the ways in which the group dynamic influences the health and wellbeing of the participants.

5.6.1 Belonging

The theme of belonging to the group was a commonly perceived benefit among participants. They commented that dancing with others creates feelings of belonging and friendship, and there were several references to a sense of comfort or feeling at home with other participants experiencing similar symptoms, *"you just know, this is where I completely belong".* Participants also report a sense of connection that supersedes the requirement for words, *"We don't talk. But I don't feel we need to. It's just good to be with all those people".* Dancing together with music was expressed as facilitating non-verbal gestures with specific mention of the ways in which the content of the dance session contributes to forming these bonds, *"I like it when we partner dance…I have missed that"* (a response to changes in the session due to social distancing through the Covid-19 pandemic).

The enjoyment of social interactions around the dance class is also commented upon, ranging from casual conversations in the park, meeting up before the class to catch up and observations of social groups forming in the carpark after class. Participants mention that meaningful interactions are occurring, supporting friendships to develop beyond the hour's class and resulting in sharing information about exercises and supporting each other outside of the session. This is heard when Sarah states, *"So I saw Caro on the green the other day and I said "oh I do my two minutes of home practice morning and night while I'm cleaning my teeth". And she said "oh, I'd never thought of doing it then".*

5.6.2 Compare and contrast

Alongside the stated feelings of belonging, the group also functions as a referencing space, providing opportunity to experience other bodies in movement. Building a sense of ability is therefore voiced not only through the personal progression participants are noting within their own bodies, but also through comparison to the abilities of others:

I don't go down in heap like some people who don't have any balance at all

I can still do what a lot of people can't

The dance space offers a different way to gauge how well they are doing in relation to their peer group, an opportunity to safely check in with their own abilities. No participants spoke about the possible detrimental feelings that may occur when comparing themselves to someone who is perceived to be doing better than them, although I acknowledge that this is the flip side of comparison. This further attests to the sense of belonging when participants speak of being part of a positive and supportive group.

5.6.3 Social cohesion

A community dance space that honours the values extrapolated through the literature review holds the potential to level the playing fields of language, culture, race, religion, size, age, ability and mobility.

Maureen spoke at length about the diversity of cultures within the class and the sense of unity it promotes. She states how important it is for her *" to be in a class that says "hey, this is for all. Welcome one and all no matter where you come from"*. Maureen speaks about the issue of segregation in Aotearoa New Zealand and how special it is to see some *"visible evidence"* of diversity within the class, such as seeing someone with a *"moko"* (traditional Māori tattoo). She feels the community dance space is promoting a sense of unity among the different cultures in the area, specifically mentioning the use of "*karakia"* (Māori prayer) at the end of the session. This finding highlights the potential of community dance programmes to create inclusive and diverse spaces that bring people together and promote understanding and acceptance of cultural differences within Aotearoa; *"This is for everyone to share. This is for you and you and you no matter where you come from. Even though we come from different cultures we are the same. Just a different perspective".*

5.6.4 Summary

"Dancing for Health" sessions are promoting a sense of belonging, social cohesion, and the opportunity to compare and contrast abilities with others. The sense of belonging created through dancing with a group is experienced both as a safe space to be with the others who are on the same movement journey and also as a space to celebrate diversity. Additionally, the group functions as a referencing space for participants, providing an opportunity for them to gauge their own functional ability by comparing it to others. This is helping them to build

a sense of ability and progress in their own bodies, and to make sense of their own movement journeys.

5.7 Conclusion

Chapter 4 of the study provided an in-depth analysis of the personalities and identities of the study's participants. This chapter has widened the lens of meaning making to understand the commonalities and variations of participant experiences across the entire data set.

The findings showed that although the dance class fulfilled a variety of different needs, all six participants spoke of their participation in the programme as a form of insurance against future decline rather than in relation to falls.

The themes of inter-connectedness, agency, personal control, motivations, and group dynamics illustrate the strong sense of self and control older adults have over their lives, driven by a desire for personal growth and fulfilment. The importance of an active identity is illustrated by the participants' own descriptions of how they chose to attend the sessions.

Interestingly, the study found that although the participants were very positive about the dance class, they did not reflect on its benefits in relation to falls prevention. Instead, they reported a variety of other outcomes, including changes in their bodies that have been identified as risk factors for falls, such as balance and mobility. This suggests that the importance of an active identity is more significant than preventing falls.

These findings have significant implications for the development and implementation of falls prevention initiatives, which shall be further explored in Chapter 6 of this study.

6 Discussion

6.1 Introduction

This thesis has utilised a multiple-case study design, drawing on interviews and a focus group discussion in order to identify the values and experiences of older people participating in a community dance as falls prevention class. Through the literature review I examined the current literature and direction of research into dance and health with particular focus on older adults. Specifically, within the literature review I focused on the way that dance and health are examined within academic scholarship and evaluation reports, often explored through quantitative methodologies. This has resulted in a primary focus on the physical domains pertaining to balance, strength and mobility. Widening the focus to situate understandings, motivations and perceptions of the dance class from participants perspective was the main aim of this research. As far as I am aware, this is the first study to focus on the subjective experiences of fallers within Aotearoa New Zealand.

The results and findings of this research were organised into separate chapters. Chapter 4 presented the individual narratives of the six participants, situating them within the contexts of their lives in order to better understand how they make sense of their experiences. In Chapter 5, I explored the connection, commonalities and differences between the stories by conducting a thematic analysis of the entire data set (Braun & Clarke, 2006). The thematic analysis elicited five themes and sub-themes. The discussion chapter of this study is structured based on the thematic breakdown as represented in Figure 2.

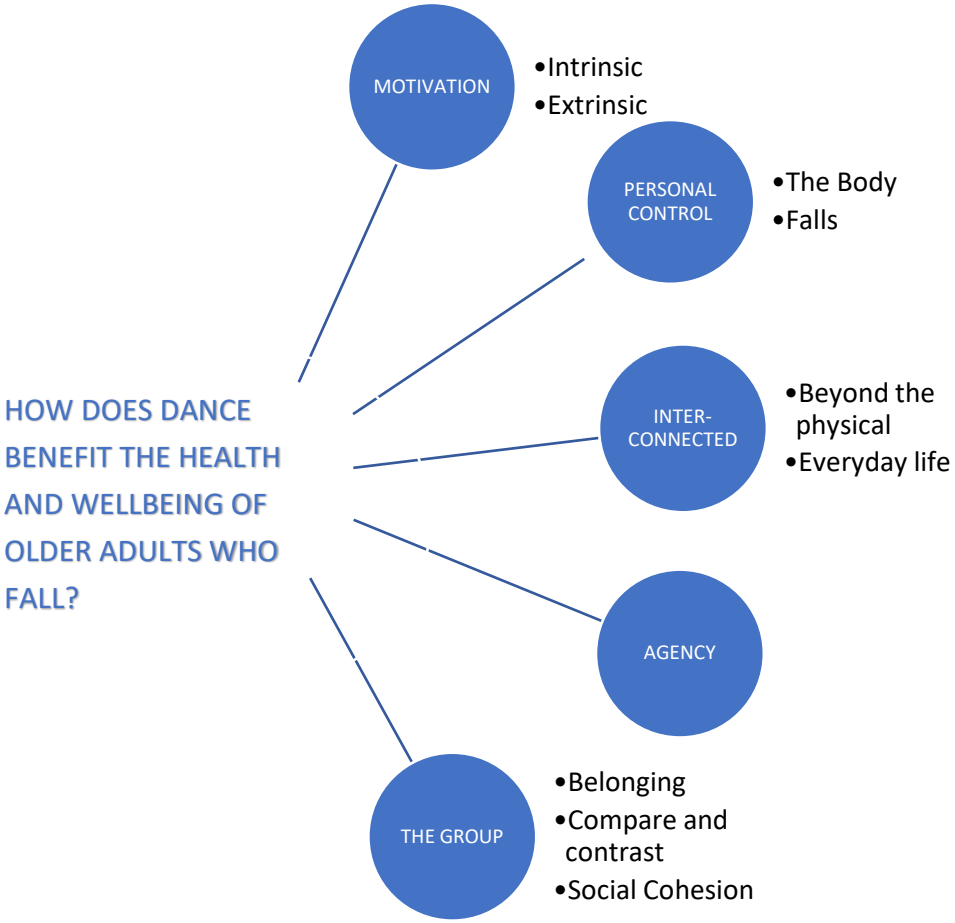

Figure 2. Thematic Breakdown: Main Themes and Sub-Themes

Whilst I have presented and will discuss the themes as separate spheres, the analysis brought forth a sense of entanglement between the theme boundaries. It is imperative for this research that through the discussion of findings, the complexity of themes that characterised participant response is understood for its inter-relatedness. This research makes clear at the outset that whilst discussing separate themes, it is whole picture understanding that it strives for.

Central to my construction of knowledge are the ideas of the sociologist Arthur Frank (2013), alongside political economist Robert Crawford (1980, 2006) and critical gerontologist Stephen Katz (2000, 2011, 2018). These theories and the accompanying construction of knowledge have shaped my evolving research enquiry. Within this chapter I state the significance of the findings in response to these theories and include scholarship that reflects the wider concerns of research in falls prevention, dance for older adults and arts and health

(represented in Figure 1). I include a critical reflection on the strengths and limitations of the research, as well as a reflection on my positionality as the dance facilitator-researcher. The chapter ends with the implications this research has for practice, policy, research and education.

6.2 A return to conceptual underpinnings

In order to proceed with the discussion section, I briefly return to the theoretical concepts that this study rests upon.

The work of Stephen Katz (2000, 2011, 2015) has significantly informed this research with his papers on critical gerontology shedding light on the influence of social, cultural and environmental factors that shape the contemporary aging experience. His multiple contributions to gerontological discourse are peppered through the literature review. Of particular relevance to this discussion chapter is his pivotal piece of falls research 'Ageing, risk and the falling body' (2015), in which his critical analysis focuses on the dominant narrative through gerontological scholarship, in which the aging body is painted as a "risky body" (p.165). Where the body that falls has been the dominant enquiry focus to date, Katz's study is centred around the person who falls (Katz, 2015). This research builds upon Katz's supposition that the lived body as subjectively felt differs from the living body as objectively defined, and in doing so, employs hermeneutic phenomenology to situate participant experience within the context of their embodied historical, social and cultural lives. As such, the present study's understanding of dance's perceived benefits in relation to falls and health are based on participants' perceptions, how they talk about their bodies and what they notice through their body. These factors form the foundation of the study's analysis, findings and how they will be presented and discussed within this discussion chapter.

6.3 A note on Identity

Identity includes aspects related to attitudes, beliefs, values, experiences, and social positions (Lawler, 2015). Within the narratives, the bodily self is spoken in relation to environments, other bodily selves and the activities that are meaningful in participant's lives. According to Walker et al. (2011), there are two forms of identity that are important when discussing falls prevention programmes: collective identity and personal identity. Personal identity

encompasses what is important to the individual alongside their individual beliefs and values. Collective identity is constructed within a social group. Within this research, there are several collective identities at play: older adults, older adults who fall, those living with Parkinson's disease (PD), and the dance group.

In the same way that the literature review espoused a reciprocal relationship between self and other, the discussion chapter also weaves personal identity with collective identity as they inform and influence each other through the enactment of themes. Within this study, gender and the experience of rural living are also not themes; they underpin and influence both personal and collective identities and perceptions of participants lived experience.

6.4 Discussion of themes

The research question in this study aims to investigate the ways in which dance interacts with the health and wellbeing of older adults who have experienced falls. Through data analysis, five themes were identified as key factors in understanding the benefits of dance for this population.

The themes discussed in the following section will be:

Motivations

Inter-connected

Personal Control

Agency

The Group

This chapter will examine how these themes are interrelated and how they contribute to answer the research question "How does dance benefit the health and wellbeing of older adults who fall?".

6.5 Motivations

Sherrington et al.'s (2020) recent Cochrane systematic review concluded that there is high certainty evidence that well designed exercise programmes reduce the rate of falls among older peoples. However, it is also widely accepted that attendance and adherence are problematic in falls interventions (Day et al., 2011; Ganz, 2008; Yardley et al., 2008). As Katz (2015) notes, "the central problem with fall prevention is the lack of participation by older people themselves" (p.167). Research reports that lack of uptake of interventions can be as low as 10% (Day et al., 2002). This real-world problem poses a significant challenge for falls prevention interventions, as the adage goes, "you can lead a horse to water, but you can't make it drink." Addressing this challenge is crucial for the successful implementation of falls prevention interventions.

Unsurprisingly, it has been documented that falls prevention programmes which are personally relevant are more successful in attendance, adherence and long-term maintenance (McMahon et al., 2011). Participants comments within this theme of motivation are therefore discussed in relation to the literature pertaining to participation, recruitment and retention to falls prevention interventions. Specifically, this section draws connections to what is already known about the reasons people choose, or don't choose, to participate and how these motivations relate to how participants voice the benefits of the dance session in the present study.

Within this section, extrinsic motivations refer to the motivation to do something "in order to attain some external goal or meet some externally imposed constraint." (Hennessey et al., 2015, p.1). Intrinsic motivations are understood as the motivation to do something for its own sake, for the sheer enjoyment of the task itself (Hennessey et al., 2015, p.1).

6.5.1 Extrinsic motivators

The analysis found that both men and women viewed taking care of their health as a moral responsibility. However, the perceived obligation to remain physically active was spoken about in distinctly gendered ways. The men focused on setting goals and combating the effects of aging, while women emphasised their role as caretakers and the importance of involving their family in their health-related activities. Thus, whilst in the literature review I voiced a scepticism surrounding the parcelling of behaviours into socially ascribed male and female gender traits, through the research findings of this study I stand corrected.

Biddlecombe (2013) posits that historically, the New Zealand culture made it more socially desirable for men to exercise. Men dominated the majority of sport-related activities such as rugby, football, rowing, athletics and alpine climbing. This contrasts with the more passive activities such as arts and crafts, flower arranging and knitting that would have been considered more "appropriate" for women (Waldegrave & Koopman- Boyden, 2009, p.54). It appears that the gender norms historically ascribed to women as home makers and the nurturers holds true for the three women of this study. Descriptions of living well include being able to care for family, uphold their duty of care for children and grandchildren and continue in their community roles. In a nutshell, extrinsic motivation is attached to the women's identity as matriarch within the greater familial sphere (Russell, 2007 in Solimeo, 2008) whereas for the men, the extrinsic motivation came from keeping their body in shape and fighting decline.

This research suggests that men and women differ in their motivations for participating in the dance class. Recognising that men may be more driven by specific goals such as minutes per day to be achieved, whilst women may be more motivated by familial connections, has important implications for both research and practice. This is not the first falls research to note gendered differences (Horton, 2007; Hogue, 2021; Yoshida-Intern, 2007; Chang and Do, 2015; Stevens et al., 2012). Horton (2007) investigated how older people understand fall risk specifically in relation to their identities. Older men believed themselves to exercise rational decision-making processes and control over risky behaviour, whereas the women discussed their perception of risk in terms of external factors and pressures. Berlin Hallrup et al. (2009) conducted an interpretive phenomenological study of thirteen frail older women living with fall risk. These authors found the women focused on their social value to others despite the perceived need to take caution in their everyday activities.

Given that men are more likely to be endangered through risky behaviours (Stevens et al., 2012) and ignore the limits of their physical capability (WHO, 2008), and less likely to participate in community-based falls prevention exercise classes and programmes (Liddle et al., 2019; Hogue, 2021) incorporating the findings of this study is essential for the development of new approaches to engage men in falls prevention interventions.

The study's revelation that men are setting exercises targets for themselves provides a promising direction for health messaging that can leverage the natural drive to achieve

externally set goals. This positive approach can be a more effective way to engage men in falls prevention, as opposed to focusing solely on the negative aspect of reducing falls.

Arthur Frank's book "The Wounded Storyteller" (2013) is generative in offering another perspective on the attainment of health as an extrinsic motivation for the men of this study. Frank describes three narratives that he believes storytellers (such as those living with illness) use to structure and interpret stories. In this instance I am speaking within what Frank terms' a "Restitution narrative" (p.75), which in its simplest terms, is "anyone who is sick and wants to be healthy again" (p.77). As an example, I draw upon Nathan who frames his symptoms as external to himself; he is the driver of the car, not the car itself. He currently sits at the corporeal end of the lived vs corporeal body continuum, with the metaphorical car supporting the ability to enact identity. Keeping his car oiled and serviced ultimately ensures he can continue driving the roads he wishes to travel. Within Terry's narrative, we hear the importance of continuing to be seen as the "driver" of the family car. The use of the car analogy in the men's narratives highlights the importance to them of maintaining control and agency over their body, similar to how one would maintain and service a car. The activity of dance is thus conceptualised as a form of "insurance" or preventative maintenance, similar to how one would keep a car serviced to prevent decline.

The gender-specific findings of this study, regarding the motivations for attending health-related activities such as dance, can be linked to the existing literature on the politics of appearance in feminist research. Based on previous research cited in the literature review by Calansanti (2005), Furman (2013) and Holstein (2006), I expected that physical appearance would be present as an extrinsic motivator, and I had assumed that this would be more prominent in the narratives of women. As offered by Coupland (2003) "individual women, in the current sociocultural climate, are consistently persuaded of two important things: one that it is undesirable to appear to be ageing; and two that they must assume responsibility to stay young-looking, or to disguise their apparent ageing" (p.128). However, the findings of this study did not conform to this expectation and contrary to the theorised social pressures to maintain a youthful appearance (Calasanti, 2005; Krekula, 2016; Paulson & Willig, 2008; Pezdek et al., 2022), none of the women within this study made mention of weight loss or appearance in any way. Within this small sample, findings counter the assumption that women feel judged by their appearance or undergo greater societal expectations to stay young. Similarly, appearance is only mentioned once within this study. Through this

finding, it can be concluded that motivations to attend the dance class are health focused, as opposed to appearance or weight loss being a driving factor.

This study's finding that functional outcome is indeed a primary driver for attendance to dance classes prompts further consideration. Within this study, dance is being experienced as beneficial to participants' physical selves, seen through comments pertaining to physical changes that are being noted as a result of the weekly dance class such as: feeling more mobile, experiencing less muscle tension and supporting balance. Whilst these physical benefits should be celebrated, I have argued elsewhere (Hills et al., 2022), that as the field evolves, we must take it upon ourselves to consider the "imperative of *how* dance and health for older adults is accounted for" (emphasis added) (p. 39). I argue that there are ethical considerations in the presentation of research on the relationship between dance and health, both in the research field itself and in the wider context.

Dance is not a medical intervention, yet frequently heralded as such as heard through Gronek et al.'s review statement (2021) which aims "to understand whether dance in older adults is an effective *treatment* for the healthy aging" (added emphasis) (p. 93). In this way a dance class is framed as a solution to the "burden" (Robitaille, 2008, p.148) of functional decline and falls. Within the present study, such a claim is flawed. Houston (2011) argues that ontologically, through "cause and effect" framing, we are removing dance from its ontological roots as an artistic practice. It dislocates dance from its relativist, experiential stance and finds hold in realist ground; dance becomes a topical application if you will, that can be measured and assessed as something separate to the body.

"Exercise regularly to keep living the life you want to live" (Live Stronger for Longer, 2022, para.1). This recommendation from New Zealand's falls prevention providers connects with Frank's (2013) concept of the "restitution narrative" and highlights the moral imperative to consider how we convey benefit through research, policy and media campaigns. The idea that exercise is the solution to living a fulfilling life is oversimplistic and problematic. While exercise is undoubtedly beneficial for many aspects of health, it does not account for the complex interplay of individual factors, environmental factors, cultural and social determinants of health. For individuals like Nathan and David, who live with progressive degenerative conditions, exercise may be crucial to supporting their health but it may not prevent or slow down the progression of symptoms.

As practitioners and researchers, it is important to determine what can be measured and claimed as a benefit within dance and health studies. This question is deeply entrenched in the epistemological assumptions that drive research agendas (Hills et al., 2022; Houston, 2011, 2019), and critical questions surrounding how we convey benefit, whose interests are being served, why we are employing certain models and whether these models are sufficient to convey the complex nature of health in relation to dance permeate this discussion chapter.

I turn now to intrinsic motivations to examine the deeper reasons individuals engage in dance activities and how these motivations shape their perceptions of the benefits they receive.

6.5.2 Intrinsic Motivators

Through all of the interviews, participants commented that in order to undertake a physical activity, it has to be something they want to do. As an internal motivator, the voicing of pleasure through words such as "*joy"* and *"enjoyment*" prompts further consideration of where "feel good descriptors" (Phoenix and Orr, 2014, p.7) feature in the falls prevention literature.

Within the studies cited in the literature review, Cruz-Ferreira et al.'s (2015) study introduces creative dance (CD) for older adults with an opening paragraph stating, "There are two major reasons why older people should engage in a CD program…stimulating positive feelings, joy, pleasure, and spontaneity in addition to increasing the quality of life" (p.837). The study then proceeds to measure against a number of physical variables with no further mention of fun or pleasure. Lafond et al.'s (2019) findings include "Most FaME class participants described the classes as enjoyable and spoke about the importance of exercise being enjoyable if it is to be sustainable" (p.3). However, there is no further mention of enjoyment through the discussion of themes. Even Chappell et al.'s (2021) extensive analysis through systematic review of dance and health studies only gives one line to the theme of intrinsic motivation stating, "that dance has the potential to foster participants' intrinsic motivation" (p.15). The theme of intrinsic motivation is observably under discussed, and therefore arguably, under-valued.

Coveney and Bunton (2003) draw attention to the absence of "pleasure" in relation to health research and practice. They comment that pleasure appears "almost too frivolous a topic to discuss in the face of the earnest struggle against pandemics such as global human suffering, and yet many attempts to address these rely on implicit assumptions about the nature of pleasure and human activity" (pp.161–162).

Maureen states the joy of moving where dancing is the goal, rather than dancing being the tool to reach a goal. It is the intrinsic motivation as experienced through the body that supports ongoing physical activity where pleasure has a value of its own.

Falls prevention interventions have included promotion campaigns to inform and "change behaviour" (Katz, 2015, p.167) as seen through Live Stronger for Longer website which seeks to promote choices around diet, behaviour and lifestyle (Live Stronger for Longer Organisation, 2022, n.p.). However, as described by one participant obligations of prescribed exercise may not be the best strategy to effect behaviour change.

Grant and Mclean (2011) explain that participation in physical activity must have intrinsic value to older adults to encourage it to become part of their lifestyles. In a study on the motives for gym attendance, Crossley (2006) maintains that whilst initially a person might be driven by an extrinsic outcome such as losing weight or getting strong, intrinsic pleasure, "forms of bodily doing, as opposed to bodily looking" (p. 47) take over as motivators. Thus, he places pleasure as central for maintaining people's habit health behaviours. Jallinoja et al. (2010) similarly argue that the assumption that cognitive forces alone govern health behaviour overlooks ways in which motives and actions are intertwined with experiences of pleasure.

Through participant interview, I concur that whilst extrinsic motivators may shape intention, that intention comes to be realised through the pleasurable experience of moving. Through the works of the psychologist Mihaly Csikszentmihalyi and the theory of flow (1990, 2002, 2014), we can understand this as "autotelic" (p.67) where attention is on the activity for its own sake rather than on the consequences. As Edith Turner (2012) exquisitely states, "kissing the winged joy as it flies" (p.220).

The theory of flow is further examined through the dancing experiences and reflections of research participants. I have made the considered choice to introduce this theory here as part of intrinsic motivation, rather than in the literature review to make clear that this was not an anticipated finding. Stemming from participant response, the revelation that some participants are experiencing moments of flow, warrants deep investigation into how and in what ways this is occurring so that it may support answers to the research question, "How does dance benefit the health and wellbeing of older adults who fall?".

6.5.3 Moments of Flow

Csikszentmihalyi (1990) defines flow as a "subjective, mental state contributing to optimal experience, which is characterized by complete absorption in an activity at a given moment in time" (p.8). The most significant aspect of flow is autotelic experience, or the intrinsic enjoyment one has in doing an activity for its own sake (Csikszentmihalyi, 1990). Here, the term autotelic is derived from the Greek words "auto" meaning self, and "telos" for goal.

Csikszentmihalyi (2014) explains that during moments of flow there is an alignment of action with awareness; we act with total involvement "one is very aware of one's actions, but not of the awareness itself" (p.138). Importantly, when in flow we are without expectation or concern for anything beyond that moment. Brierley (2021) similarly draws parallels between flow experiences and how she witnesses her Parkinson's dancers. She states "the dancer is actively engaged and absorbed in creating their own movements" (p.208).

Maureen describes these moments of flow by emphasising the way her awareness is given totally to the experience itself. Through flow she has become the experience and her awareness is fully focused on the task at hand.

Csikszentmihalyi's theory of flow suggests that moments of optimal experience, or flow, are created when an individual is fully immersed and engaged in an activity, and this state is characterized by a sense of challenge, clear goals, and control. These moments of flow provide opportunities for self-realisation and personal growth. Incorporating this knowledge will support the evolution of dance a falls prevention, bringing to the fore key elements to shape practice and pedagogy. Maureen's supposition that the dance classes support her mental health and wellbeing further evidences that the dance is contributing to another form of strength and balance beyond the lower limbs and into "the structure of the self" (Csikszentmihalyi, 2002, p.57). Likewise, Damasio (2003) supports Csikszentmihalyi's thinking and links the achievement of autotelic experience with good health. He contends that joyful states "signify optimal physiological coordination and smooth running of the operations of life. They are not only conducive to survival but also to survive with well-being" (p.170). Based on Csikszentmihalyi's research, the experience of flow state through intrinsic pleasure is heralding benefit through self-realisation and growth.

The direct relationship of music to flow is an important aspect of the experience of the community dance classes. Music determines the direction of the dance class; it suggests the

possibilities of movement. It enlivens and invigorates, relaxes and softens, suggests emotional response whilst serving as the director of a session.

Within the field of dance and health, music is reflected as being fundamental to session choices (Sheppard & Broughton, 2020). A piece of music may be chosen for its staccato quality supporting images of hot coals and leaping leprechauns as examples. This compares with legato which is smooth and long in feel and accompanying movement, suggesting expansion and opening. Music within this field is also chosen for reminiscence purposes to support a pre-conditioned embodied response such as a Charleston or Waltz (Newall de Jesus, 2021). Within the context of Parkinson's, with the associated physical implications of movement inhibition due to lack of dopamine, music takes on greater significance in supporting movement continuity and momentum (Brierley, 2021). Houston and McGill (2015) make particular reference to music as a "particularly important impetus when an individual is trying to initiate movement" (p.19), a finding from their study into English National Ballet's Dance and Parkinson's classes. The beat within music is of particular relevance in this regard where "high groove" music (that with strong underlying beats) has been reported to be more effective than "low groove music" for improving beat perception (Hackney et al., 2015, n.p.).

Whilst the relationship between movement and functionality clearly plays an important part in the practical facilitation of the session, the relationship of music to pleasure and how this translates to benefit is the focus within this study. Edith Turner (2012) speaks of music as, "one of the greatest endowments that gives joy" (p.43), whilst Brierley (2021) suggests that embodied movement experiences in response to music adds personal meaning to the process of dancing. Participant expression of emotion in this study supports the idea that moving to music is inextricably linked to the health and wellbeing of the older adults.

Through combining this study's research finding of intrinsic pleasure to flow theory, I offer that questions pertaining to how dance affects health and wellbeing might be alternatively met with questions of how to facilitate intrinsic pleasure within the dance session. What would a dance and falls session look like if the focus (and subsequent evaluation) was on facilitating the conditions theorised to enable the flow experience? That is, the deliberate creation of moments of flow in order that participants continue to grow and challenge themselves through a pleasurable movement experience.

Apparent through this section of the discussion is that the enactment of joy through dance is as important to adherence as the meeting of external health outcomes. Put simply, the enjoyment of the session is what keeps the participants coming on a weekly basis. If value is confined to extrinsic impact (as evidenced through the literature review), the benefit of the intrinsic pleasure of dance in relation to health and wellbeing is relegated to the shadows or simply not considered at all.

The finding of intrinsic motivation within this study has important implications for New Zealand's aging policies, particularly in light of the government's agenda to support older adults to age well through policies such as "Better Ageing in Later Life- He Oranga Kaumatua 2019-2034". Highlighting intrinsic enjoyment not only increases the chances of individuals adhering to the activity (Wright St Clair et al., 2017) but also contributes to a more holistic understanding of the potential benefits of any physical activity, including dance. Recognising the importance of enjoyment as a driving factor in promoting physical activity and overall health and wellbeing would require falls prevention campaigns to shift the focus away from solely promoting the extrinsic benefits of functional outcomes such as improved balance, and instead highlight the personal growth and emotional benefits that individuals can experience through participation.

6.6 Inter-connected

This theme highlights the way dance becomes integrated within the participants' lives, contributing a fuller response to the research question, "How does dance benefit the health and wellbeing of older adults who fall?". Implicit within this theme is a sense of fluidity, a holistic experiencing of dance that exists beyond the hour's dance class and relates to subjective definitions of health.

6.6.1 Beyond the Dance Class: Everyday Life

This study rests upon the contention that the lived experience of falls, fear of falling and its impact on health and wellbeing does not begin nor end with any hour's intervention. By examining the wider contextual meanings that participants place on their experiences, the research focuses not only on what is happening within the hour of community dance but also, as importantly on how the hour's community dance is intersecting with the lives of participants.

This research in its qualitative nature, has facilitated understandings not just of the fact that participants are experiencing increased energy but also how this comes to be enacted within their daily lives. Maureen and Sarah practice dancing with their granddaughters, Sarah marries her toothbrushing time with some of the exercises from the class and Tom speaks of using components of the session to move of his own accord within his everyday life.

There is little scholarship attending to the role of dance beyond the parameters of the session (Douse et al., 2020), leaving unanswered questions pertaining to how (and if) dance benefits health and wellbeing beyond the hour. Houston and McGill (2019) question the validity of drawing conclusions about the relationship between dance and quality of life for people living with Parkinson's Disease, based on almost a decade of research in this field. They note that due to the unpredictable nature of Parkinson's Disease, which is "progressive, fluctuating, hour to hour" (p.283), it can be difficult to establish a clear causal link between dance and improved quality of life. They accommodate this line of enquiry through extending research methods beyond the dance session. Over the course of three years, they asked participants to complete diaries whilst holding intermittent focus group discussions and one-to-one interviews. The longitudinal approach meant that they were able to glean a real sense of how the dance class was being integrated into participants everyday life. Houston and McGill (2019) concluded that dancing is important for people with Parkinson's as it allows them to create a life that does not revolve around illness, but around activities they find interesting and that enrich their lives. In this way, quality of life exists beyond “physical and mental functioning” (p.289), and participants considered they were experiencing increased quality of life, regardless of the progression of physical symptoms.

The findings from the present study, coupled with Houston and McGill’s (2019) research findings, indicate the importance of considering the integration of dance and movement into everyday life as a key aspect of understanding the overall benefits of dance to health for older adults who fall. In Aotearoa New Zealand, the Ministry of Health have produced the New Zealand Physical Activity Guidelines (2022), outlining the minimum levels of physical activity required to gain health benefits and suggesting ways to incorporate incidental physical activity into everyday life. The guidelines make specific reference to those who fall, with the recommendation to be as physically active as possible. In line with these guidelines, it can be seen here that the dance class is supporting activity beyond the session. The intrinsic enjoyment of the music and movement are prompting participants to be more active overall. The sense of increased energy experienced beyond the class highlights the

importance of considering the effects of an intervention beyond the hour, as it may yield different results than a focus on cost-effectiveness, which is currently hindering the sustainability of nationwide falls prevention activities (Strong and Stable, personal communication, 27 November, 2022).

6.6.2 Beyond the physical

As stated within the introduction chapter, the key to understanding this study and its results lies in understanding how we view health and wellbeing. Based on McMurray and Clendon's (2010) definition as outlined in the literature review, health is viewed as a balance and a dynamic response to various interactions between biology and the psychological, social, cultural, spiritual, and physical environments that surround us. The following findings align with McMurray and Clendon's (2010) definition, with this next section drawing connections between spirituality and health.

Spirituality is inseparable from other aspects of life for both Steph and Maureen, where spirituality is differentiated from religion (in this study) in relation to its focus on "connectedness, and energy" (Mark and Lyons, 2010, p.1756). This is exemplified in the interview with Steph, where her spiritual belief is expressed as "*wairua*," which she experiences through a trip to the Grand Canyon. Through the use of the word "*wairua*" in Te Ao Māori (the Māori worldview), Steph expresses the lived experience of the spiritual essence that imbues all entities, living and non-living; spirituality is deeply woven into the fabric of her belief system. Neglecting considerations of wairua in the interpretation of health and wellbeing within this study would result in a limited understanding of what Steph considers health and wellbeing to entail.

Maureen also states the importance of considering spirit when asked why she chooses to dance. In this way, the dance class provides an opportunity for Maureen to connect with spirit through movement and expression. Through this connection to something greater than herself, Maureen is also referring to spirituality as "connectedness and energy" (Mark and Lyons, 2010, p.1756). Her creative expressions through dance serve as a means for her to connect to her spiritual self.

The significance of this finding lies in the epistemological questions it raises about how to then align this dimension of health with the widely accepted biomedical model of health utilised as the universal definition of health. The World Health Organization defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of

disease or infirmity" (WHO, n.d., para. 1). However, as this study illustrates, if Maureen and Steph are experiencing moments of "*enlightenment"* and "*wairua*", it raises the question of how these findings align with the biomedical model which focuses primarily on the physical and medical aspects of health (Powell & Owen, 2005). This highlights the different epistemologies at play in the understanding of health, with the biomedical model based on a western, scientific perspective, with no mention of spirituality as a dimension of health. To better understand and incorporate spirituality in discussions of dance and health, this finding raises the need to re-examine definitions of health. The exploration of these epistemological issues is similar to the one Houston (2015) undertakes in her study on the value of dance for people living with Parkinson's disease.

Houston (2015) conducted interviews with twenty four participant dancers as part of a mixed-methods study into English National Ballet's Dance for Parkinson's programme. One of her interviewee's, Carol, insists that "the feeling of being beautiful" (p.30) is key to her experience of the dance session. In a subsequent paper, addressing her methodological concern with the mixed-methods study, Houston (2015) questions this expression of "feeling lovely", drawing attention to the fact that "feeling lovely does not figure in any assessment, even the well-used Parkinson's disease quality of life questionnaire, PDQ-39" (p.30). The conclusion Houston arrives at is that the dominant biomedical model used to assess dance and health outcomes is too narrow for the study's findings.

Dr Hinematau McNeill (2009) also raises this issue in regards to her study on Māori Kaumātua (a Māori elder) and mental health. She asserts:

> "It would have been more meaningful if the WHO statement on health emphasised the right of different cultures and communities to define their own notions of health. There may not be a definitive outcome, but each culture has the right to devise paradigms that are relevant to their own unique cultural experience. These ambiguities suggest that defining wellness or health is difficult, which impacts on intervention strategies."
>
> (Hinematau McNeill, 2009, p.109)

This statement traverses the interdisciplinary landscape to find relevance here. Older people as a community and a culture are well positioned through their years of experience to define for themselves what living well means for them. Steph explains that she doesn't have to be one hundred percent healthy in order to feel in herself and in doing so highlights the ways in

which personal understandings of health and wellbeing do not necessarily align with objective measures of health, highlighting the need for a more holistic and inclusive framework to map onto when exploring the benefits of dance on health and wellbeing in older adults. Through the subtheme "beyond the physical", the present study underscores the importance of considering the subjective experiences of individuals in discussions of health and wellbeing, where traditional measures are unable to fully capture the complexity of individual perceptions of health.

6.7 Personal control

The theme of personal control focuses on how participants assert ownership over their experiences, both within and outside of the dance class. This research recognises that the older adult is both experiencing a personal aging journey whilst simultaneously being shaped by socio-cultural and environmental processes in any given context.

The next section of this study will examine personal control in relation to the body and falls, combining synthesised literature from the literature review with the thematic analysis to explore how personal control intersects with the key themes of dance, aging, health, and the fall.

6.7.1 The Body

This study is attentive to critical gerontology theories which are concerned with the enthusiastic heralding of "active" aging as the ideal underpinning contemporary representations of aging (Katz, 2013; Rudman, 2006). Through the definitions offered by key organisations such as New Zealand's Ministry of Health, World Guidelines for Falls Prevention and the World Health Organisation alongside key theorists such as Rowe and Kahn (1998), the literature review brought forth a clear line of debate focusing on activity, individualism and productivity as contemporary societal ideals (Martinson & Halpern, 2011).

Healthism discourse focuses on the virtues of discipline and effort and is underpinned by the assumption that health can be "achieved" (Crawford, 2006, p.402). From this perspective, the focus on individual health and productivity as societal ideals leads to narrow and privileged understanding of health, ignoring the structural and societal factors that contribute to health outcomes. Furthermore, Crawford's theory (1980, 2006) posits that society places a heavy moral burden on individuals to manage their own health. This emphasis on individual

responsibility for health is reinforced not only by healthcare professionals and the media but also by societal and cultural values that promote self-discipline and self-control

In a similar way to Crawford (1980, 2006), Katz (2000) suggests that older people need to demonstrate their capacity for activity in much the same way that unemployed people need to demonstrate that they are actively seeking work. More recently (2013), Katz has argued that in the field of health, the focus on individuals as responsible for the acquisition of better lifestyles masks the greater socio, political and cultural factors facilitators and barriers at play.

Participant comments within this theme support this line of argument, through highlighting the focus on personal health as the main goal of wellbeing (Crawford, 1980). Engagement with or a lack of discipline over aspects such as diet and physical activity becomes a metaphor for being "a responsible citizen" in the way that Crawford (2006, p.403) is speaking of through his theory of healthism. Through this research, it can be understood that the assessment of personal health is facilitated (and possibly, accentuated) through dance as a communal activity.

Whilst prevailing understandings of health are drawn from a discourse of individual responsibility, the participants had varied views on what that responsibility entailed. Terry's narrative is centred around his frustration with his medication and his desire to find balance and control with his prescriptions. He has taken it upon himself to re-evaluate doctors' advice through researching the side effects of his medication, monitoring his body's reactions to treatment, and searching for alternative options. There are question marks for me over whether Terry has chosen to take responsibility for his health as a moral obligation, or simply because he is not finding reassurance within the primary health care offered.

Participants recognise the importance of self-reliance in maintaining their health and view dance as a valuable tool in achieving this goal. In addition to dance. Nathan, Maureen, and David discuss their responsibility for their dietary choices, including determining what constitutes a "healthy" diet and regulating their food intake.

The present study's research findings reflect the dominant culture of healthism in society, as reflected in the pressure that participants feel to be self-sufficient in maintaining their health. The desire of participants to find ways to improve their health and their perception of dance as a means to achieve this goal has been a crucial finding. This finding is in line with

Krekula et al. (2017), who suggest that the rise of dance-based studies related to the health of older adults (Merom et al., 2016; Predovan et al., 2019) is a manifestation of healthism.

6.7.2 The Fall: Within or beyond personal control?

Notable through the interviews is the lack of attention given to the fall or the period of recovery afterwards. My pre-understanding upon entering the research field was that individuals who had fallen would have encountered physical and psychological limitations which may have resulted in lifestyle alterations. However, none of the participants spoke about the fall event, other than David who spoke at length about his "big" fall in his forties as a window cleaner, and later when working as a train conductor. He did not speak about the regular falls he frequently experiences in his later life, other than to mention that they are a regular occurrence. In line with Clancy et al., (2015) the theme of falling was not a place where conversation naturally resided.

The reluctance to linger in the conversational place of falls suggests that the fall has not been integrated into one of the stories that participants are happy to share. It was not a defining moment for participants and life stories were not arranged "pre" or "post" fall as I had pre-supposed. This finding is supported by previous research showing that an experience of falling does not necessarily mean that it becomes an important part of the older persons identity (McInnes et al., 2011; Dollard et al., 2012; Walker et al., 2011). Yardley et al. (2006) conducted focus groups with sixty-six older people from a variety of European countries to better understand their views regarding advice on falls. The key finding through their study pertains to participants reflecting a low perceived need for falls prevention activities, which authors link to denial of the risk of falling. Katz (2015) posits that this narrative of falling when associated with aging, can lead to a sense of denial about one's own vulnerabilities and the need for help. Whilst a fall at any other stage of life is considered an isolated event, in old age the "failure to resist gravity" becomes a signifier of decline (p.166). I offer the presentation of falls as found on the New Zealand Age Concern website (n.d.) as an example of the Katz' supposition:

> "In New Zealand, about 1 in 3 people over the age of 65 will have a fall every year. Older people are more likely to fall because of weaker legs, poor balance, eyesight problems, nutritional deficiencies, hazards in the environment, or side effects from

> medications. Falls can cause serious injury in older people, and in some cases can result in death".
>
> (Age Concern NZ, n.d., para.1)

When seen in light of this media representation, the "risky body" as offered by Katz (2015, p.165) and clearly portrayed by Age Concern New Zealand, is understandably an identity that participants do not wish to be associated with. Through the media and the greater socio, cultural and political influencers at play, the fall depicts a process of decline and transformation as the older person relinquishes control of their embodied identity and enters the "multiple professional worlds of care, risk and prevention programs; hospital and community centres; and insurance and medical planning" (Katz, 2015, p.165).

Polkinghorne (1996) and Ballinger and Payne (2000) suggest that older adults may externalise the problem as a strategy to cope with falls and its implication for their self-identity. Maureen exemplifies this mindset when she expresses that maintaining her activity levels is essential for keeping her energy up and her limbs functional. She emphasises the importance of being able to jump out of bed instead of having to climb out of bed, indicating her desire to maintain a sense of vitality and independence. Maureen's perspective highlights that her motivation for staying active is not solely based on avoiding falls or reducing risks but rather on embracing a functional and energetic lifestyle.

The participants of this study strongly disassociate from "the fall" or the label of "faller", with comments describe a cause-and-effect analogy at play as they describe how they walk, with the implication that through doing so they can control the fall. This aligns with Dollard et al. (2012) who elicited "threat to identity" (p. 2617) as the core category to emerge from their qualitative study. Dollard et al., (2012) posit that in attributing a fall to a controllable source (such as being mindful), the older people in their study believed they could avoid falling. They conclude that rather than be seen as the type of person who falls, older people wanted to be seen as physically competent, thereby trading "being seen as responsible for falling, for their behaviour at that moment of falling" (Dollard et al., 2012, p.2621). By externalizing the problem of falls, the older adults in the present study align with Dollard et al. (2012) to confirm that avoiding the identity of a "faller" means avoiding the trajectory of decline assumed to come with it.

Furthermore, within this same scope of analysis, I found that participants did not speak directly about fear of falling but instead spoke about loss of confidence. The avoidance of

the term "fear" within the narratives, has several implications of relevance for this research. Firstly, it may be that participants felt more comfortable discussing the practical implications of their concerns rather than the emotional ones. I hazard that this is further indication that older adults may not want to acknowledge or talk about their fears, connecting into the wider point surrounding the moral imperative to be seen as aging "successfully". I also consider it a possibility that the interview context did not facilitate an in-depth sharing of their underlying fears and anxieties.

Secondly, instead of discussing fear of falling directly, participants spoke about loss of confidence. Shelley Jones raises an interesting point in an article written for InSite magazine (Jones, 2015). She suggests that being concerned about falling, or worrying about possible outcomes of a fall, can be considered "functional" (n.p.), if it means taking appropriate actions to reduce one's personal risk of falling. Within this study, narratives align with this more functional interpretation of the situation rather than the fear of falling as an "ongoing concern that ultimately limits the performance of daily activities" (Tinetti & Powell, 1993, p.36).

Within the field of falls prevention, Montero-Odasso et al. (2022) noted that the older adult panel who were consulted in the development of the World Falls Guidelines, preferred the term "concern" over "fear". Shaw et al. (2015) speak of the phenomenology of anticipating falling, describing a sense of "lived-caution in daily activities" (p.1853) which neatly mirrors the findings from this study. Rather than big life changes, participants describe smaller details through such examples as Sarah's learning to hold onto the wall and to re-order her tasks of daily living so as not to trigger her vertigo. Maureen is mindful of being less hasty, and David has learnt to pay attention to how he walks. In line with Shelley Jones, participants responses are functional, or rather they are supporting "function" within everyday life.

In reiterating the inter-relatedness of these themes, not wanting to admit fear can be seen as a manifestation of healthism, and of the societal pressure to maintain physical independence and mobility. Dr Gawande (2014), points out a tension between the progress of public health in enabling people to live longer, more productive lives and the ways both society and individuals regard these older lives. "We're always trotting out some story of a ninety-seven year old who runs marathons, as if such cases were not miracles of biological luck but reasonable expectation for all" (p.28). Through strong media representation, we are yet to

accept vulnerability as a normal part of life, and this lack of acceptance may contribute to individuals' reluctance to acknowledge and discuss their fears and concerns.

The study's exploration of the relationship between dance and health underscores the significance of comprehending the interplay between identity and older adults' perceptions and experiences of assuming agency over their health. The findings provide further evidence of how fundamental it is for older adults to position themselves as knowledgeable and empowered. Within the present study, the participants hold the authority as the ones who experience and know their own bodies, and they express that the doctors' advice is not always correct and can be negotiated based on what their individual bodies respond to, are capable of, and need. The key finding therefore is that participants personal narrative as they live it is louder than the medical narrative they have been ascribed.

Through the literature review, it was understood that the dance space is a “liminal space” (Turner, 1982, p.44). Community dance pedagogy and practice with its focus on person-centredness holds potential for cultivating an individual’s bodily understanding by empowering them to make decisions that align with their needs. By creating a "liminal space" apart from daily life, individuals are given the chance to dance their inner selves without the restrictions and judgments from their everyday life. This type of dance is therefore distinct from physical exercise and provides a unique chance for personal exploration and growth (Wise et al., 2020). Rebecca Hilton (2017) in a lecture given on dancer-ness suggests that dancers have the ability to comprehend information at the very point at “which our experience of ourselves ends and our experience of the rest of the world begins” (p.198). I find much relevance with this expression of the meeting of inner and outer worlds as participants express their relationships with their embodied selves. Within this study, dance is effective as a medium for bringing participants into conversation with themselves; attuning participants to their inner selves in order that they meet their outer worlds with greater self-awareness. This is key to understanding how dance benefits the health and wellbeing of older adults who fall. As an example, I offer a suggestion to the reader. While reading this, take a moment to turn your attention inwards and begin to notice how your body is positioned on the chair.

As an example, I offer a suggestion to the reader. Whilst reading this, take a moment to turn your attention inwards and begin to notice how your body is positioned on the chair.

How are your feet placed on the floor? Is the weight evenly distributed, or can you feel more weight on the outside or the inside of the foot? Allow your attention to travel up the front of your legs, over your knees, and up into your sit bones, your ischial tuberosities. Are you sitting squarely or can you feel more weight in one side than the other? Consciously re-adjust. Consider your spine. Mindfully lift up through your vertebrae, one by one. Open into the spaces-imagine flowers blossoming, growing, opening. Breathe. Widen across your shoulders, imagine tucking them into your back pockets. Revel in your width and length. You sit on your throne and turn your attention outwards once again.

These mindful and minute adjustments to our inner world serve as an example of how dancerness is foregrounded within the dance class. It is through this conscious self-awareness and connection within the body, that the class is supporting the embodied self as a source of knowledge. As evidenced through Sarah's fish feeding choreography, and Nathan's description of expanded peripheral vision, "we feel and observe our life experiences through our bodies" (Halprin, 2003, p.17). This area of self-awareness and tacit knowing appears missing from the falls field (Molloy et al., 2015). As noted in the literature review, Clancy et al.'s phenomenological study (2015) is a noteworthy exception, where bodily responses are documented as participants recall their past, "He spoke of hunting trips, slippery decks, and rough seas and, hands outstretched, demonstrated to the researcher how he kept his balance at sea and avoided falling" (Clancy et al., 2015, n.p). There is an interesting mirroring here with Terry's recollection of climbing in and out of boats that speaks to self-identity and how deeply connected we remain to our past experiences in making sense of our current experiences.

Of interest is the way participants are attuned to these internal landscapes. Within this study, participants are *"listening"* to what their bodies tell them. Sarah speaks of a newly attuned awareness of where her eyeline rests, Terry speaks of recognising the bodily sensations of anxiety, Nathan understands he must relax in order for his dopamine medication to work. In short, they are expressing a deep awareness and responsiveness to their bodily sensations in the manner of dancers as suggested by Hilton (2017).

These are "feelings felt" (Brierley, 2021, p.101) that have originated in the embodied self as opposed to the cognitive self. This it at odds with the findings of the literature review where a dominant positivist approach to falls policies and accompanying programmes was found. These approaches centre on the modifiable intrinsic and extrinsic fall factors and ways

therefore to minimise or "prevent" the risk of falling. However, falls prevention when it rests on the measurement of risk factors alone, to the exclusion of personal response, creates a conflict between "self understanding of embodied life and a risk embedding evidence-based assessment of it" (Katz, 2015, p.168). Gadamer (1996) sums it up when he states, "It is clearly a mis-representation of the phenomenon to look at the concept of illness solely through the eyes of the doctor" (p.52).

The two differing perspectives highlight the importance of identity from both sides of the falls and health field. There is a return here to the philosophy of the lived and corporeal body elucidated within the literature review that acknowledges the two perspectives on the same body (Fernandez, 2020). Ballinger and Payne (2000) used semi-structured interviews to explore falls and falling from the perspectives of occupational therapists, physiotherapists and older people who had fallen (resulting in fractured hips). The authors found that older adults and therapists differ in their views of the factors that contribute to a fall. Falls professionals framed their interviews within a "risk discourse" (p.575), falls were spoken of as both predictable and preventable, and the professionals placed themselves as the experts, voicing frustration at the lack of behaviour change as fallers continued with their daily activities, regardless of the risk involved. The older adults represented themselves differently, speaking of their actions as "morally commendable, blameless and independent" (p.577). Representing themselves in this way underscores their desire to maintain a positive self-image and to be viewed as capable and independent individuals, despite having fallen. This accords with Tararo-Ruhe et al. (2018) who reported that although over half of their sample group were at risk of falling, less than 30% reported any kind of activity modification due to falls risk or fear of losing their balance. Alongside these studies, Yardley et al. (2006) revealed that advice about falling was often perceived as patronizing and distressing. In light of the mis-match between the dissemination of falls prevention information and the lack of behaviour change noted from this messaging, it seems pertinent to consider alternative forms of managing falls risk.

Reasonable risk taking as a concept is as highly subjective as topics come. Kingston (2000) suggests that when an older person takes risks and falls, this risk taking may be considered foolhardy, with "some apportioning of culpability, if not blame" (p.225) with decisions over the body in older age becoming increasingly answerable to professionals and family members. As an example, I bring forth Terry's statement that he till climb ladders. The act can be seen as symbolic, significant to Terry's sense of who he is; it is a way of him

performing identity. It is also a way of him stating control over his body. This is clearly a contentious topic and whilst beyond the remit of this study, pragmatic considerations of duty of care and risk taking are a part of the People Dancing code of conduct (Appendix 1).

Challenge within the dance space offers a working example, where challenge within this study has been linked to personal growth through the theory of flow as previously discussed (Csikszentmihalyi, 1990). Challenge is also considered a necessary aspect of strength and balance training (Sherrington et al., 2020). However, ensuring that the challenge does not exceed perceived ability within the dance space serves as a metaphor for risk taking and challenge in the wider world. Aligning with Ong (2015), I consider this to be an ethical issue concerning the right of other individuals, families or professionals to make judgements on the risks an older person should, or should not, be allowed to take.

Through this theme of personal control, I argue that there is infinite potential for developing alternative perspectives to the practice, research and evaluation of a dance and falls programme. Centred on the relationship between the lived body and the environment, the dance class is able to support Terry (and his self-identity) through developing his own ability to assess whether he is at risk of falling by attuning to what his body is telling them. Through specifically focused activities within the session (Appendix 2), community dance can cultivate a deeper sense of embodied knowing that has pragmatic application in the real world. Using the ladder as an example, it can be understood that through practice within the dance space, Terry has enhanced his ability to sense the stability of his surroundings, feel his weight placement on the rung of a ladder, check-in with his reach whilst on the ladder, and make his own risk assessment based on his embodied understanding of the situation. Is it a risk *he* considers worth taking? Through the finding of personal control answering the research question, "How does dance benefit the health and wellbeing of older adults who fall?" becomes less of a quest to evaluate the application of dance as a tool, and crucially about dance becoming the medium for positioning older adults as the experts of their own bodies.

6.8 Agency

In a systematic review of fourteen qualitative studies, Finnegan et al. (2019) synthesised the literature to identify perceptions of older people who have completed falls prevention

exercise programmes. The overall aim was to provide a deeper understanding of what motivated or discouraged older adults from continuing to exercise post fall. They found that the overarching theme among older adults who completed falls exercise programmes was "agency", defined as the individual's ability to make choices about exercise based on their own beliefs, experiences, and the influence of society and their environment.

Within the present study, participants largely framed health and wellbeing in relation to being able to do what they want. This definition accords with the WHO (2015) definition of healthy aging as "the functional ability to be or to do what you have reason to value" (p.28). Through the detailed daily timetable on her wall, which was made by her daughters but without consultation from her, the example of Steph's timetable highlights the importance of decision-making power over her body. Steph is experiencing a sense of loss over the control of the minutiae of her life; including when to nap, what time to wake, when and what to eat and when to take her medication.

The structure of the dance session in allowing for creative expression provides opportunity to self-express and self-manage. Steph's choices matter. They define how, where and with whom she moves. This implies a particular pedagogical approach, where the focus is on empowering the older adult to take control of their own movement and dance experience. Attending to the broader practice and pedagogy of community dance sits beyond the remit of this study. However, in order to provide brief contextual information to support the values of community dance in enabling agency, I offer the example of imagery where there is a difference between giving a movement instruction and setting up movement instruction as imagery. One causes a cognitive response through following instructions that explain what and how to do the movement whilst the other can offer the opportunity to create and interpret movement (Duff, 2011; Chappell et al., 2011). Giving a movement task in response to any given theme or stimulus removes judgement, there is no singular way to interpret, no right or wrong way to respond and as such the participants are able to enact agency in accordance with the findings of this theme. Houston's (2019) approach to agency as "the self-actualising capacity to act on one's own behalf and meet one's own needs, freely and without coercion" (p.151) is pertinent in understanding that within the dance classes, opportunities to make autonomous choices takes on greater meaning.

Maureen raises the central importance of feeling connected, raising considerations of the relational and connected over the individualistic and autonomous. Expressions of agency

reside both with the individual and the relational suggesting that answers to the research question, “How does dance benefit the health and wellbeing of older adults who fall?” lie with both the empowerment of the individual and with the group in supporting them to “do what they have reason to value” (Beard et al., 2016, p.2151).

Wise et al. (2020) similarly reference the ways in which a community dance facilitator shares agency through collective decision-making such as; music choice, the structure of the session or utilising improvisation. This is in contrast to the traditional falls prevention approach where the sole focus is on teaching the correct way to undertake specific falls exercises. I appreciate this is controversial for the effectiveness of the Otago Exercise Programme falls exercises in preventing falls is well-established (Deverall et al., 2019; Sherrington et al., 2017), and it is considered a crucial component of any falls prevention intervention (Martins et al., 2018) that the exercises are replicated correctly. While it would only provide one perspective, it would be interesting to conduct quantitative research and compare the findings of a community dance class without falls prevention components to a community dance class that incorporates specific exercises for falls prevention. This would help determine the extent to which the specific falls prevention exercises contribute to reducing falls. Interestingly, a study of this kind has been conducted in Japan where long-term exercise, not specifically targeted at fall prevention, proved effective in preventing falls in community-dwelling elders (Fujisawa et al., 2007).

This research highlights the importance of considering agency as a lens when working with older adults in falls. Limited research exists on dance pedagogy practices for older adults (Hills et al., 2022; Paglione et al., 2023). Existing research has primarily focused on addressing physical considerations associated with aging, such as offering seated modifications, ensuring physical safety, and providing an appropriate pacing throughout the class (Amans, 2013). This is a crucial aspect of the field, as practitioners have a duty of care to keep participants safe. However, what is missing in the literature is a deeper understanding of how the proposed mechanisms of the dance practice itself are understood, interpreted, and incorporated into session structures (Hills et al., 2022; Newall de Jesus, 2021). Further research is needed to explore how dance can support the health and well-being of older adults, beyond solely mitigating physical considerations. Paglione et al.’s (2023) study aimed to understand the pedagogical choices of a dance instructor teaching a community dance class for older adults. Findings identify important specific pedagogical development to this developing field, including the importance of mastery and opportunities

for participants to experience success. Although Paglione et al.'s research begins to address the specific aspects of older people's dance practice, the research still takes a top-down approach with facilitators making assumptions about what the participants want to experience.

Through the present study, the focus of a dance as falls prevention/dance with older adults class should be on empowering older adults to make choices and decisions within each session. This approach centralises the active engagement of older adults in the learning process, giving them autonomy over their own journey to being "falls aware". This approach requires certain skills from practitioners. As set out in the session plan template (Appendix 2), these skills include a focus on creating an environment that is culturally responsive, that fosters intrinsic enjoyment, and which allows participants to access the class regardless of ability or mobility.

As a further suggestion from the findings of the present study, by devising movement tasks which step away from specific falls exercises, older adults can be encouraged to explore, play, imagine and dance with Katz's phenomenology of gravity (2015). The fall becomes a choreographic event in which the older adult and gravity interact in new and creative ways.

These recommendations represent an important evolution in the field of falls prevention through dance in highlighting the imperative of a dance practice that engenders agency rather than offering a definitive solution to, or "preventing" falls. Instead of focusing on preventing falls through a prescriptive approach, this new perspective foregrounds the importance of empowering individuals to gain control over their bodies and develop their own solutions.

The lack of attendance in falls prevention interventions is a real-world problem that needs to be addressed (Dollard et al., 2011). According to a systematic review conducted by Nyman and Victor (2012) that examined ninety-nine randomized controlled trials of fall prevention, the mean number of exercise classes attended over a period of twelve months was twenty-one, accounting for only 27% of the total seventy-eight classes offered. Identifying the underlying reasons for the low attendance rate in falls prevention interventions needs to be addressed. Only by understanding the factors that contribute to low attendance can effective strategies be developed to improve participation rates and ultimately reduce falls among older adults. Further research is necessary to identify the specific factors contributing to low attendance and to develop interventions that can effectively address these barriers. For now, this research posits that utilising successful delivery styles that align with the self-identity of

older adults may be an effective strategy for improving long-term adherence to falls prevention interventions. Through the present study's findings of agency, I offer that the most effective pedagogical practices will be those that attend to "the dimensions of the self" (Paglione et al., 2023, n.p.) as defined by the older adults themselves, rather than shaped by practitioner perspectives. This begins by researching alongside older adults as key stakeholders.

6.8.1 Rural Aging

David expresses his reluctance to go for a walk whilst away on holiday because of his uncertainty over the footpaths. The environmental determinants which support his everyday agency are not present on his holiday and he cannot access the footpath to walk. In this instance, he seeks support through the woman who runs the accommodation and this social relationship facilitates his agency. Through this example we understand agency to be situated beyond individualistic views of autonomy, it has become "precarious and reliant on others to develop" (Houston, 2019, p.153). Within David's narrative he mentions the support he needs with everyday activities, whilst Steph also alludes to a more inter-dependent agency when speaking about her personal struggle to relinquish her previous role as community leader on the marae (Māori meeting house). The limitations that her Parkinson's symptoms pose for communication are necessitating a move beyond individualistic views of autonomy. She is learning to accept that agency in the present does not look like the agency of her past. It will only be through accepting inter-dependency or relational agency, that she will be able to continue in her role as community leader.

Based on the interview analysis and my own reflections, this thesis claims that for older adults being able to live well is largely centred around living the life they choose to lead. However, rather than considering this a solitary quest, my research builds on Houston's supposition that agency is dependent on others and the environment (Houston, 2019). Therefore, in moving forwards it can be understood that within the remainder of this research, "agency" includes a relational aspect. This has specific application in light of New Zealand's aging strategy "Better Later Life—He Oranga Kaumātua 2019 to 2034". An early goal of the strategy was to facilitate older people aging "in a place they call home, safely and, where possible, *independently*" (emphasis added) (Office for Seniors, p. 33).

The present study has shown that the concept of an autonomous self, or an agentic self, is not absolute, and the goal of aging at home independently excludes older adults who require

support in order to live their life. Healthy aging does not occur in isolation, and for all six participants in the study, they are to varying degrees reliant on others in order to do the things they want to do. Therefore, for Aotearoa New Zealand to ensure the goal of "aging in place" is inclusive to all its older citizens, the emphasis on independence should be re-evaluated.

Within the present study, there is also a clear connection between where older people live and how they experience agency. By selecting case studies based on locality, this research brings attention to the critical role of access as a pre-requisite to participation in dance sessions for older adults living in rural communities. Outlined in New Zealand's Healthy Ageing Strategy is the aim to ensure that "all older people have equitable access to services and outcomes regardless of ethnicity or rural location" (Associate Minister of Health, 2016, p. 40).

Walsh et al. (2014) identified limited timetable schedules, distances to bus stops, and difficulty getting on and off buses as barriers to access for older people in rural communities. After the age of 75 years, drivers in New Zealand must undergo a medical assessment and, in some cases, take an additional driver safety test (Neville et al., 2020). In the present study it was found that there were no public transport links between the participants' villages and the dance venue. Within this study, half of the participants no longer hold a drivers licence. Two of the participants in the study would not attend the dance class if they could not walk to the venue, while two others relied on others to drive them on a sixty-kilometre round trip. This aligns with the finding within the present study that older adults want to take charge of their health and wellbeing without any constraints such as transportation. The conclusion within this study therefore, is that rural aging challenges inclusivity.

Within the context of this small sample, four community halls could have been accessed on foot by participants. Community venues are now, and have historically been, an important part of rural living functioning as a social centre for multiple "communities of interest" such as mother and toddlers groups, women's institute, knitting groups. They have been described as a unique aspect of New Zealand culture (Frey & Newman, 2012). The present study suggests that by offering dance classes in community halls, which are already present in villages throughout Aotearoa New Zealand, there is a promising new approach to accessible falls prevention interventions.

The peer-led Steady As You Go (SAYGO) falls prevention programme has already demonstrated success in implementing a community-based fall prevention exercise programme in the Otago region of Aotearoa New Zealand (Wurzer, 2013; Wurzer et al.,

2014). SAYGO is a community-based fall prevention exercise programme that was adapted from the home-based Otago Exercise Programme (OEP). OEP was discussed in more detail within the literature review. SAYGO is implemented on a weekly basis for ten weeks, with a paid trained instructor leading the class. After the initial ten weeks, a potential peer leader from the group is trained in a “Train the Trainer" model which has been evidenced as increasing the sustainability and scalability of a programme (Simmons et al., 2010; Wurzer et al., 2014). SAYGO offers a valuable template that can be adapted and expanded upon to incorporate dance as an additional medium for delivery, thereby increasing the choice of exercise options for older adults (Wright St-Clair et al., 2012). While the research by Wurzer et al. (2014) did not consider the role of venue and accessibility in promoting long-term attendance to SAY-GO, the present study's findings suggest that holding the classes within the community (through community halls or local churches or maraes) is likely to be a significant factor in promoting sustained participation in falls prevention interventions.

It is important to note there are currently no national falls prevention strategies in place Aotearoa New Zealand (Deverall et al., 2019; Lord, 2022). This has resulted in patchy and inconsistent falls prevention provision. For example, while there are four falls prevention classes run by three different providers in Thames, the neighbouring town of Paeroa has none (Live Stronger for Longer, 2022). If the Ministry of Health is to deliver on its promise of "equitable access to services and outcomes regardless of ethnicity or rural location" (Associate Minister of Health, 2016, p. 40), a more coordinated and integrated approach to falls prevention programmes must be prioritised to ensure that all older adults have access to the support they need to reduce their risk of falls (Ganz, 2008).

This study sheds light on the context of falls in the rural aging population of the Thames-Coromandel area. In rural areas where access to falls prevention programmes has been evidenced as being limited, or simply not available at all, community-based interventions within existing venues, as modelled by "Dancing for Health," enhance equitable access to falls prevention services for all older adults in Aotearoa New Zealand. However, future research is needed to identify the specific requirements for implementing a community based, peer-led “dance as falls prevention” model.

6.9 The Group

The focus of this study is in relation to dance as a community-based approach to falls prevention. Through the process of writing the literature review, I suggested that by foregrounding community as dynamic process we might be better placed to understand "how" dance benefits health and wellbeing. I aligned this thesis with Edith Turner (2015) when she states, "communitas is activity, not an object or state" (p.220). Likewise, Thomson (2017) highlights the experiential nature of communitas in community dance, stating that it is "primarily a social activity" that unites creativity and physicality (Thomson in Amans, 2017, p.xiii).

As per other research (and an anticipated finding for this study) the sociability of the dance as a group activity was commented upon by all participants. This study is asking "how" dance benefits the health and wellbeing of older adults who fall. Therefore, participant comments within this theme are discussed in relation to the literature pertaining to the relationship between social interaction and health and wellbeing outcomes.

The research findings indicate that "The Group" is a crucial aspect in understanding the benefits that older adults experience through dance and health. The present study thus supports the idea of communitas within the field of community dance, accentuating the significance of social connections and shared experiences in promoting a sense of community and belonging among older adults.

The next section of the research will delve deeper into this concept by examining the sub-themes: belonging, compare and contrast, and social cohesion.

6.9.1 Belonging

The findings of the literature review support the idea that it is the act of coming together that leads to personal growth and the formation of relationships. As Buck and Barbour (2007) state, it is when participants "engage in the processes of working with other" (p.157), that the value of community dance is understood. As has been discussed extensively throughout this thesis, the over-riding application of evaluation measures that seek to determine cause and effect of a dance intervention, be that for older adults, or falls, or Parkinson's (or any population group), requires an end measurement. This focus is referred to by Wakeling and Clark (2015) as "instrumentalist accounts of health and wellbeing outcomes" (p.8). Product

over process if you will. Yet it is the process-driven, relational aspects of dancing that the participants are speaking about in association with health and wellbeing.

At the outset of the research period, based on previous research and years of practice within the community dance field, I speculated that a "community of interest" might begin to form around the community dance classes. However, although participants comments relate to a sense of belonging, there were no comments within or across the narratives that suggested a community of interest had built around the dance class; as per Butler et al.'s (2016) qualitative study of a dance project for people living with cancer. Within Butler et al.'s study, it was found that participants who were previously unknown to each other formed a community of interest through the experience of an eight week dance intervention and continued to meet for years afterwards. This was also the case within Nadasen's (2008) research, where it was found that a group of thirty older women participating in regular dance classes reported an increase in their engagement of other social activities and a widening of their social networks. Houston (2019) refers to this as "social participation" (p.165), theorising that dancing may precipitate increased social participation, or different ways of participating socially. Houston (2019) makes links to McGill et al., (2015) who argue that social participation is a key indicator of the impact of Dance for Parkinson's classes.

This study did not arrive at the same conclusion. Rather than a "community of interest" forming around the dance class, the study found that the Te Puru group already had established "communities of interest" through weekly activities such as gardening, skittle ball, and tennis, and the dance class became just another activity for them to participate in.

The present study highlights the importance of considering the existing social connections of older adults in a rural community when incorporating dance as a falls prevention intervention. Rather than viewing dance as a standalone solution, it is as an addition to the social networks and communities they already have in other areas of their lives. Referring back to Victor Turner (1969), the class is a "sphere of life existing betwixt and between the structures and relationships of ordinary life" (p.44). The dance class provides a unique space for fostering a sense of belonging that is different from the way that older adults already know each other. In this regard participants are connecting through personal choice over a shared interest in dance and music, rather than through other pre-existing connections such as family or work.

The Thames group, on the other hand, had drawn participants from across the Waikato district who knew each other from Parkinson's meetings, but the dance class did not bring

them together as a specific “dancing community” that meet up outside of the class. As such, these findings find better alignment with the research of Pedzek et al. (2022) who speak of emancipation as a central theme within their study of a senior women’s dance class in Poland. Through interview, the older women speak of their dance class as offering a social, mental and moral emancipation from “the dogmatic model of old age” (p.12). Belonging in this regard takes its meaning from the understanding that the women in the space are all there for the same reason; freedom from judgement.

As two of the participants' comments suggest, being in a room with others who have Parkinson's and experiencing the same "body story" (Frank, 2013, p.35) makes them feel a sense of belonging, as they can relate to the same physical and emotional challenges. This aligns with Leach (2002) when she defines belonging as “recognising – or misrecognising – the self in others” (p.287).

I have had ongoing debate with fellow community dance facilitators about the growing trend of specialised dance programmes for specific health conditions among older adults. From a funding and delivery perspective it is important to understand the relationship between specific conditions and movement when tailoring classes for different groups such as: cancer survivors, stroke survivors, people with Parkinson's disease, dementia, falls prevention, and brain health, among others. This understanding is vital in order to provide effective and appropriate programmes for these specific populations.

However, I argue that it cannot be assumed that homogenous grouping based on health condition will always lead to feelings of belonging for all participants. Does belonging as described by Miller (2003) as “a sense of ease with oneself” (p. 218) always occur in a dance space created for a specific population? My Masters research found that some participants with Parkinson's were hesitant to join the weekly Parkinson’s meetings for fear of encountering a projection of their own future through the symptoms of others. Additionally, the theory and findings surrounding the problematic label of "faller" as evidenced throughout this thesis has illustrated that belonging to a group that does not accord with self-identity, is not desirable. Clearly the complexities of belonging are entirely subjective and will differ from person to person, dance group to dance group.

Steph's experience of being diagnosed with Parkinson's in a city where she was solely defined by her disability compared to her experience of returning to her rural village, illustrates the reciprocal relationship between personal identity and collective identity. In this way, Steph's

experience demonstrates how personal identity can be deeply influenced by collective identity (Walker et al., 2011). Her decision to return to a place where she felt a sense of belonging and be part of the collective identity of the village led to a more positive experience and perception of her personal identity.

This study has revealed the multifaceted nature of belonging, and how it relates to the participants' experiences with dance and health. Despite not wanting to identify as "fallers", the participants living with Parkinson's disease found that being in a room with others who shared the same movement experiences did contribute to a sense of belonging. While examining this deeper is beyond the scope of this study, it highlights the importance of understanding the diverse and nuanced aspects of belonging, since belonging is "fundamental to who and what we are" (Miller, 2003, p.217). This understanding demonstrates that positively identifying and feeling a sense of belonging to a group is a key factor in understanding how dance can benefit older adults who fall.

6.9.2 Compare and contrast

Participants in the study are using the dance sessions as a way to gauge their own abilities, often expressing a sense of being better off than others. Thus, the present study's findings suggest that the dance class is not just a space for socializing and dancing but also serves as a holding space for people to assess their own abilities and gauge how they are doing in comparison to others. I posit that the inclination of the participants to perceive themselves as better off than their peers re-inforces the significant influence of identity on how older adults perceive their risk of falling.

As a subtheme, compare and contrast aligns with Dollard's (2009) doctoral thesis on comparative optimism, which concludes that older individuals at risk of falls see themselves as more physically capable than others. In a similar vein, McKee and Harris (2007) studied older individuals who had been hospitalized after a fall and found that, despite the severe consequences of falling, the majority of the sample believed they had a lower chance of falling than others.

This finding demonstrates how older adults' sense of self is shaped by their social interactions and how they view themselves in relation to others. The dance class thus becomes a valuable opportunity for participants to evaluate their physical capabilities. An opportunity not necessarily afforded in other interactions. I see a clear connection between the idea of the meeting of personal and collective identities and Hilton's (2017) notion of "dancer-ness" that

speaks to unique-ness of dance to facilitate the meeting of inner personal experience with the external outer world. Through this finding of compare and contrast, the dance class serves as a physical space where personal and collective identity intersect, as older adults use the space to compare themselves with others, and evaluate their physical abilities. A process that is facilitated by the embodiment and physicality of dance.

6.9.3 Social Cohesion

According to May (2013) we are inherently social and relational and require people to belong to (May, 2013). Belonging has been theorised not only to contribute to positive health and wellbeing (Chappell et al., 2021) but also postulated as a pre-requisite for personhood, "a basic human need akin to our need for food that has a direct impact on a person's well-being" (Miller, 2003, p.218). In the context of Aotearoa New Zealand, the importance of culturally appropriate responses to falls, particularly in light of statistics that evidence more Māori falling than non-Māori must be integrated into future falls provision (Keall et al., 2021).

Although I could find no peer-reviewed literature on the subject, through a recent Australia and New Zealand falls conference (2021), I am aware of falls prevention occurring within marae settings [sacred Māori meeting spaces] in Otago, South Island. Led by researcher Katrina Wyatt, "Taurite Tū" is an exercise programme especially designed for Māori aged 50 plus and their whanau. As Durie (2001) noted, understanding the wider social and cultural environments is crucial in addressing the health of Māori older adults. Of note is the age of 50 plus as inclusion criteria rather than the 65 plus advertised within Live Stronger for Longer promotional material (Live Stronger for Longer, 2022). The observations made by Maureen and Steph shed light on the importance of culturally appropriate falls prevention strategies within Aotearoa New Zealand. Maureen's belief that the dance space belongs to everyone and her recognition of segregation in the country underscore the need for inclusive approaches. Similarly, Steph's experience of assimilating into the Māori community highlights the significance of understanding cultural differences in health-related responses. As Durie (1994) recognised, "it is impossible to address Māori health without understanding the wider environments within which health status takes shape" (p. 35). Based on the literature review, I turn again to this study's central finding that western reductionist approaches are not serving the dance and health sector, nor the diversity of Aotearoa's older population. Culturally responsive ways of understanding health are necessary to achieve this.

Culturally specific interventions for falls within Aotearoa New Zealand have been trialled through "The Langi Mai" exercise programme in 2010 as part of ACC's "Preventing Falls" programme (Taouma, 2011). This cultural response was initiated in response to the noted lack of uptake within Pacific communities of the other falls prevention classes such as Tai-Chi and SAYGO being offered by ACC. Langi Mai was designed with community input in regards to the music and dances used (Tararo-Ruhe et al., 2018). Moving beyond health and wellbeing outcomes, the Evaluation Report concluded "Langi Mai was more than just an exercise programme. It evoked a sense of identity and reinforced the role of the older Pacific adult as a conduit to pass on the dance traditions to the next generation" (Tararo-Ruhe et al., 2018, p.25). However, these classes are no longer funded by ACC and I was unable to ascertain whether Langi Mai groups are still running or find reasons why the funding ceased.

Sheppard and Broughton (2020) conclude that positive impact from dance participation appears to be optimal when the style and context of the activity is culturally and socially appropriate. Whilst community dance may not be culturally specific, it is culturally responsive, resting as it does on the values of person-centredness and relational agency. Inclusive practice and collaborative relationships are integrated into the dance experience (Amans, 2008) and ultimately centred on the ethos that dance is for all. In light of this, I argue that answers to the research question, "How does dance benefit the health and wellbeing of older adults who fall?" lie in it being a value based practice. Within this theme, the specific components of the session are less important than the umbrella of respect and inclusivity that supports the sense of belonging amongst the dancers in the space. As Houston suggests "it might be that the significance of belonging to the dance class springs from the act of witnessing another's story, or sharing own's own" (Houston, 2019, p.162). Arthur Frank's (2013) term for the body and its sense of relatedness is the "dyadic body", the understanding that "this other has to do with me, as I with it" (p.35). The conceptualisation of the dyadic body in constructing its humanity in relation to other bodies (p.49) mirrors the individual within the group and the prior discussion of agency as relying on the inter-connected, relational aspects of self.

6.10 Study limitations

The majority of academic literature that formed the foundation for this study was found through global reviews, and studies conducted in other countries. Crucially, to inform

judgements about the values and preferences of older adults within Aotearoa New Zealand, more grounded level research is required to identify how dance benefits the health and wellbeing of older adults who fall.

It is important to note that this study was conducted during the global pandemic of Covid-19. The worldwide pandemic was met with a tremendous public health response in Aotearoa which included two lockdowns, compulsory face-mask wearing, heavily restricted inter-regional travel, the closure of international borders and a social distancing requirement that all individuals remain two metres apart. It was unarguably a time of social restriction, fear and uncertainty and there is no doubt that these experiences will have informed the reflections and experiences as spoken by the participants.

6.11 Researcher positionality

I acknowledge that my dual role as the facilitator-researcher could have created potential bias in data collection, analysis and interpretation. There were several key aspects for me to consider. Of primary importance to this study is that I live, work, dance and research in the village of Te Puru. The intimacy of my relationship to the participants arguably heightened the ethical considerations of this study. To mitigate this, I made sure to keep participants informed about how their stories were being used. I took a lot of time to consider the phrasing of questions. I did not ask them if they liked the class. I did not ask if they thought it was benefitting them. In short, I deliberately avoided asking questions about the evaluation of the class or my teaching specifically. The focus was on what participants considered important for health and wellbeing and why they chose to attend the session. It is my interpretation of these responses (as confirmed through member checking), that forms the answers to the research question "How does dance benefit the health and wellbeing of older adults who fall?".

Within this study, I am half the age of the participants and it could be that participants would respond differently to an interviewer the same age as themselves. Perhaps they would have shared more stories of their bodies if they felt I could relate. Maureen, in speaking of her husband says,*" I said "are you alright sweetheart?" and he said " I'm absolutely fine". Because he doesn't want to acknowledge the fact that maybe he's not as fine as he'd like to be"*. I use this comment as a metaphor for the potential effect of my positionality. It may be

that participants framed themselves as more active and less concerned about falls then they actually are. This research has used identity as a lens to understand meaning making. Whether participants coloured responses for my behalf, or whether responses are coloured as a means of being more palatable for participants themselves cannot be ascertained.

Lastly, I acknowledge that there may be cultural differences in the way I understood and interpreted the data.

6.12 Significance of findings

This research highlights the significance and implications of a deeper understanding of how to effectively disseminate falls messages to older adults, particularly those from diverse backgrounds and rural communities. The stories shared by the participants in this study underscore the intrinsic and extrinsic barriers that can exist for older adults in accessing these services.

The findings emphasise the need for more personalised and relatable falls prevention messaging and services. Through narrative we heard that the hour of dance expands into the everyday as participants walk each other home, share tips about home practice in the carpark, organise tea and coffee mornings and dance with their grandchildren. This research contributes an altogether more enlivened and empowered response to Aotearoa New Zealand's policy aims to keep older adults living well. The research question "How does dance benefit the health and wellbeing of older adults who all?", is answered with the assertion that community dance promotes active, engaged, and relational later life, and can be celebrated as a space for communal bodily experiences that this research has shown to be integral to multiple aspects of health and wellbeing.

It is the experience of dance as a relational process rather than as a form of treatment that has heralded benefit within this study. In this regard, I posit that the one size fits all format that consists of older adults being talked through the falls prevention exercises, as within many community strength and balance class delivered by Live Stronger for Longer (personal communication, 27 November, 2022) is insufficient provision. While cost-effective on paper, these slim efforts on behalf of the Ministry of Health will ultimately cost them more money if attendance is low and numbers of fallers continue to rise. The focus on the objective outcomes of strength and balance does not align with intrinsic pleasure, or

connection or the sense of growth and challenge to name but a few of the benefits elicited within this study.

6.13 Summary

The ways older people's needs are met will continue to be social/political issues. Policy makers want people to age well in their communities and take responsibility for their own health. Dr Stewart Jessamine, Director of Ministry of Health when talking about healthy aging speaks about "getting people engaged" (Ministry of Health, 2022). This requires resources and commitment. Burkhardt and Rhodes (2012) warn that without strong partnerships in the health and public health sectors or support from funding bodies, dance can only scratch the surface rather than play an effective role in improving the nation's health and wellbeing. International progress within this field includes: Limerick University running a Dance and Health module; Finland employing dance ambassadors within health care services; Australia using healthcare packages to pay for dance classes and in Wales, where dance classes are free through GP referral. Although dance (and the arts more generally) are widely recognised for their health benefits globally, New Zealand is yet to acknowledge and support this field. There are currently no funding opportunities or established career paths available in this area.

"Dancing for Health" is one conceptualisation of a community based falls prevention approach. Dance is not a heal all. But it is a space where bodies are moving together, bonds are strengthened, news is shared, people are able to surreptitiously check how they are doing in relation to others. Within this small group, participants are accessing dance on many different levels. For some it is undoubtably a form of exercise, for some it is a chance to be with others experiencing the same movement challenges. It is voiced as a challenge for the mind, a way to experience enlightenment, an artform, a chance to connect, and an opportunity to participate in a group activity.

Highlighting intrinsic enjoyment not only increases the chances of individuals adhering to the activity (Wright St Clair et al., 2017) but also contributes to a more holistic understanding of the potential benefits of any physical activity, including dance. Recognising the importance of enjoyment as a driving factor in promoting physical activity and overall health and wellbeing requires falls prevention research, policy and practice to broaden the focus from solely promoting the extrinsic benefits of functional outcomes such as improved balance, and

attend to the personal growth and emotional benefits that individuals can experience through participation. The present study concludes that participants were not motivated to attend because of falls, but rather sought the benefits of community dance as an enjoyable, communal, physically engaging and active hour. I hold an optimistic expectation that in the future, the field will advance to a point where every older adult who experiences falls will have the option to choose a dance class that aligns with their needs and preferences.

7 Conclusion

7.1 Introduction

Falls among older adults have become a global societal concern, with statistics indicating that one in three adults over the age of sixty-five will fall each year (Sherrington, 2019). This thesis aims to shed light on the individuals behind this statistic – the one in three who are amongst others: my father, who frequently falls due to his stroke, my dear friend Diane, who faces daily falls as a result of Parkinson's disease, and the six participants who breathed life into this study. This study is a poignant reminder that this research concerns us all. This thesis is about the importance of how we identify, what information we choose to integrate, and the choices we herald as our own in regards to health and wellbeing. It is a reflection of the value we all place on leading our own version of healthy, fulfilling and "better later lives" (The Office for Seniors, 2023, para. 1).

The catalyst for this research was my realisation that the evaluation measures commonly used in dance and health projects were insufficient to fully capture the experiential, intersubjective aspects of dance which were being voiced by participants. The literature review developed a critical account of the rhetoric and positioning of older adults in society in order to consider the backdrop against which the research (and subsequent evaluation measures) on dance, aging bodies, health and falls is produced and circulated. The historical domination of the Western worldview continues to shape the planning and subsequent evaluation of dance and health projects. This is clearly illustrated in the number of randomised controlled trials, systematic reviews, and meta-analyses that seek to prove the efficacy of strength and balance exercises. And whilst these exercises have been conclusively shown to reduce the number of falls (Sherrington et al., 2019), falls prevention classes are poorly attended (Day et al., 2011; Ganz, 2008; Horton, 2007; Katz, 2015; Yardley et al., 2008). Surprisingly little attention has been given to understanding why.

Given that the effectiveness of a falls intervention hinges on the attendance of older adults, there is a pressing need to understand the barriers to uptake. As far as I am aware, this is the first piece of falls research to stem from participants perspective in Aotearoa New Zealand. This speaks for itself. Academic iterations continue to over-ride what older adults have to

say for themselves and until this addressed, there will be a mis-match in policy recommendations and the uptake of such recommendations.

The crucial turn within the present study from the traditional standardized testing methods to qualitative research methods, opened the door to bigger picture understandings of participant perspective of falls prevention interventions. The present research found that within the small sample, none of the participants had attended falls interventions nor accessed the falls clinic post fall. And the reason for this is that they did not consider themselves to be “a faller”.

The research questions guiding this research were, "How does dance benefit the health and wellbeing of older adults who fall?" and "How important is the falls prevention aspect of the class in shaping motivations for attendance?". This purposefully broad context situated understandings of the role of "dance as falls prevention" within wider conceptualisations of what older adults consider living well to mean, what society deems important for them to live well, and the role of dance in these two agendas.

7.2 Overview of key findings

This thesis has delved into what older adults conceive as important for their health and wellbeing, and the daily practices and routines that contribute to it. It is based on the fundamental assertion that health and wellbeing is a subjective experience, with domains existing beyond the biomedical model.

According to the findings of this study, older adults' perception of living well is intricately linked to their ability to do what they want to do, when they want to do it. This comes by way of active contemplation, investigation, and the personal management of their health concerns. In this context, the dance class provides an opportunity for participants to align with their embodied identity as informed and capable individuals. Dance is supporting participants to engage their bodies through purposeful movement as dancers - within the dance space and their everyday lives.

Returning to the metaphor suggested within the discussion chapter, dance is facilitating a meeting of inner and outer worlds. Amongst the overwhelming health information widely available through the outer world, participants return to their inner worlds. They spoke of making mindful adjustments such as scanning the space ahead as they walk, increased

awareness of peripheral vision and considerations of foot placement. In an outer world that has loud opinions about the best way to age, the way they "should" age, how to age "successfully", participants have carved out a quiet place to listen to their bodies. They have acknowledged the important source of wisdom within their embodied, relational selves. Dance bridges the gap between the inner and outer worlds, fostering connection within the body that empower individuals to remain active agents in their own health and wellbeing.

7.3 Significance and implications

This research sought big picture understandings in a field defined by isolated parts. Big picture understandings within this study have explored how sociological debates surrounding aging and health intersect with the issue of falls prevention.

Big picture understandings situate health and wellbeing as a dynamic, inter-related, and highly subjective concept, giving a call to arms for alternative models of health and wellbeing, beyond the biomedical, to be operationalised within dance and health scholarship.

Big picture understandings connect to a wider point that New Zealand's "Healthy Aging" policy (Ministry of Health, 2022, para.3), is underpinned by a western definition of health initially employed in 1948. This definition simply cannot account for broader conceptualisations of what health means in 2023, and its continued utilisation only serves to propagate ideas cultivated in another continent over eighty years ago. Employing reductionist definitions fails to serve the differing experiences of aging in the multi-cultural society that is Aotearoa New Zealand today. This key finding calls for a reconsideration of the definitions and underlying values that guide policy and practice, including falls prevention.

Big picture understandings have led us to a greater appreciation of the interplay of the self in relation to others and the environment. This has brought to light the need to promote a more relational form of agency, challenging the idea of individual autonomy. The present study emphasises that individual aging as a strategic goal within aging policy is misguided, unrealistic and driven by a healthism discourse that places sole responsibility for aging on the atomic older adult. In accepting that relational agency is a reality for many older adults who fall, the study concludes that Aotearoa New Zealand needs to re-evaluate the emphasis on independence. Further research is needed to rethink the language used in policies, media, and

broader socio-cultural communications related to healthy aging, and aging in place in particular.

Big picture understandings have identified that health communications are not effectively reaching older adults regarding the issue of falling. The stigma associated with falling and the resistance to seeing oneself as a "faller" means that messages about falls are not being heard. The emphasis on individual responsibility throughout a lifetime does not end with a fall, and older adults do not suddenly accept a loss of independence. Despite experiencing falls and injuries, the participants in this study did not recognise the health promotion material related to falls prevention that was presented in the class, and consequently, they did not incorporate it into their understanding of the class or their own health. It is evident that the format of the messaging, and the message itself within health communications needs to be reconsidered to better meet the needs of older adults.

These insights call for future research to further explore ways to increase awareness and encourage active engagement through messaging that accords with the personal identities, values, and beliefs of older adults.

7.4 Directions for future research

The present research study sits within the broader conversation about keeping older adults healthy and connected after experiencing a fall, with the goal of reducing hospitalisation and enabling individuals to live fulfilling lives in their communities. This conversation involves many stakeholders coming together to provide an inclusive, joined-up and sustainable nationwide falls prevention programmes that are is urgently needed across Aotearoa New Zealand (Natora et al., 2022).

It is evident that the format and content of health messaging aimed at older adults need to be reconsidered to better align with their identity, effectively engage them, and acknowledge the diversity of this demographic. A fresh perspective is required. The present study suggests prioritizing a shift in paradigm from the traditional objectivist view of health, where falls prevention is seen as treatment for health issues, to a more dynamic and subjective understanding that recognises health as an evolving journey. To borrow Nathan's metaphor, the focus should be on allowing older adults to remain in the driver's seat of their own health and wellbeing, rather than relegating them to the role of passengers.

Future research must prioritise the use of qualitative research methods anchored in bottom-up data collection methods to investigate what factors motivate older adults to engage with health messaging, which specific words and images they prefer, and which formats and communication channels work best for them. By giving equal importance to both qualitative and quantitative approaches, the crucial process of knowledge creation can commence.

My personal end goal is to place dance in Aotearoa New Zealand's vision for healthy aging. This thesis serves as a broader recognition of the significance of dance in supporting the health and wellbeing of older adults who fall. "Dancing for Health" sessions address two of the key areas for action outlined within "Better Later Life-He Orange Kaumatua 2019-2035" strategy: promoting healthy aging and enhancing opportunities for participation and social connection (The Office for Seniors, 2023, para. 1).

This research study concludes that dance benefits the health and wellbeing of older adults as a form of exercise, as an opportunity to assess personal ability, as a way of enacting control, as an artform, a mental challenge, an avenue for enlightenment, and a chance to participate in a group activity. Through the intrinsic enjoyment of dance, all six participants continue to attend weekly sessions three years after they first began. The problems of attendance and adherence within falls interventions more generally does not accord with my own experience of delivering within this field.

Yet dance and health as a practice is undervalued and unfunded and as such, largely unsustainable. Future research needs to explore what the barriers are to dance being recognised as a worthy partner within healthcare in Aotearoa New Zealand. In particular what does future research need to evidence in order for policy makers to invite dance to the conversations around the falls prevention table. Deverall et al. (2019) have called for a nationwide approach. Dance has infinite potential as part of this approach, as evidenced by the range of benefits experienced by participants in this study.

7.5 Limitations

Throughout any research study, there exists both assumptions and limitations that impact and interact with the topic under investigation (Morningwake, 2020). As a limitation I cannot help but wonder what would have happened if I had conducted the research from the outset, utilising Durie's Te Whare Tapa Whā (1994) as the working definition of health for this

thesis. It is likely that other relational aspects would have emerged, such as the significant role of family and the importance of partners or caregivers in supporting ongoing participation in the dance classes.

It is important to acknowledge that the findings of this study may have limited generalisability beyond the specific population and context under investigation. The small sample size along with the specific context of rural aging within the Thames-Coromandel area, may not be representative of all of Aotearoa's rural-dwelling older adults. Furthermore, the methods used in the study may not be suitable for other research questions and may not produce the same results in different contexts. However, whilst the findings in themselves are not generalisable, the values of participant centred research speak to future research projects. Indeed, as Scott et al. (2000), remind us no matter how carefully an instrument is constructed to reflect a prevailing model of health, it is the respondents' model of health that will determine the response.

Lastly, I consider that although the present study makes a small contribution to knowledge regarding the translation of evidence-based falls exercises into a sustainable dance practice, the scope of this thesis did not allow for deeper pedagogical and practical explorations to be made. I devised the dance classes to meet the strength and balance requirements of a falls prevention programme based on my training and experience of delivering on an existing dance and falls project. The classes are my expression of a creative approach to the traditional falls prevention exercises. There are now, and will be in the future, other approaches and other translations of the falls exercises into dance. The hidden mechanisms of this practice need to be made explicit if we hope to further this field's practice and research ability to replicate, compare, and apply findings (Hillet al., 2022; Newall de Jesus, 2022).

7.6 Concluding thoughts

My hopes at the outset were to bring forward the voices of the subjects so often seen as statistics on the page; the falling person that inhabits the falling body (Katz, 2015). And through the participants willingness to engage with the dance classes and with the research, this thesis has realised its hope. This thesis has brought a lived experience perspective to the "urgent health and economic priority" within Aotearoa New Zealand that is falls prevention

(Lord, 2022). It has explored how older adults have engaged with community dance as "stimuli" (Levitin, 2020, p.xi) in relation to their individual thoughts on healthy aging, falls and falls prevention. It has elicited understandings of why people choose to put aside a Tuesday morning to dance.

For Maureen, the dance class offers time and space to connect beyond herself – to the group, to spirituality, to who she is without the demands placed on her in caring for her husband and great grandchildren. For Steph, it is a space to return to her agentic self as she thinks about the movements she wants to make and the ways she is going to make them. For Nathan, the hour's dance is a way of contributing to the minutes of daily exercise he sets out to achieve. For David, the music, moving as a group, and active participation is key in how he frames benefit. He feels strongly that growth and challenge are important to living well and the dance class fits into this agenda. For Sarah, in lieu of vertigo, the locality of the hall being somewhere she can walk to, is of central importance. For Terry, the classes have become an important place for socialising. As his Parkinson's symptoms progress and he feels increasingly bewildered, the dance space and the people in it are offering a sense of belonging. A judgement free space when he feels increasingly judged.

Across the diversity of responses to how dance benefits the health and wellbeing of older adults who fall, there is an active component of the dance sessions carried beyond the hour and into the everyday that is exemplified through the inspiration to take movement components into home practice and the commitment of Tuesday mornings as a morning not to be missed.

Within this study dance has been the medium for understanding how older adults make sense of their health and wellbeing post fall. The findings within this study represent an important evolution in the field of falls prevention in highlighting the imperative of interventions that engender agency rather than offering a definitive solution to, or "preventing" falls. After a thorough three-year study on the benefits of dance for the health and wellbeing of older adults who fall, this thesis provides evidence that a weekly dance class supports individuals in leading the life they want to live, and in doing so represents a significant step towards realising Aotearoa New Zealand's vision of a "Better Later Life".

Appendix 1: Community Dance Professional Code of Conduct[1]

This Code of Conduct translates the core values of community dance into standards of ethical and responsible practice to which community dance professionals adhere. It enables them to be clear and upfront about how they go about their work, their ethical stance on how they approach their work, and the expectations people can have of them in terms of their professional behaviour, actions and attitudes. The People Dancing Code of Conduct is aligned to the ArtsWork Code of Practice:

Community dance artists, teachers and leaders believe that:

- All people have the right to have creative and expressive lives through the medium of dance: to choose dance and to choose why, how and with whom they dance
- Everybody has the capacity to dance, express themselves and make meaning through dance and that by engaging with it, every individual has a creative and powerful contribution to make to their communities in a safe, supportive environment
- To operate as artists do - with an artist's questions, perspectives, intuitions, feelings and responses; to make sense of and create meaning in the world - is of itself a positive, empowering and humanising activity for people to engage in
- Individuals' lives and their experience of being in a community can be changed for the better when they are connected to dance experiences over which they have ownership, and through which they achieve a sense of belonging
- Dance can contribute to the personal and social development, and the health and wellbeing of individuals in society
- When it actively engages people as creative participants, dance can help build stronger communities and enhanced engagement with wider social agendas.

Community dance practice that embodies these values is about:

- People enjoying dancing, expressing themselves and their life experiences creatively, learning new things, and connecting to each other, their communities and cultures
- An equal concern for people and art: providing high quality dance experiences, and having a belief in participants that enables them to achieve high quality outcomes in which they can take pride and have a sense of achievement
- Challenging aesthetic norms and broadening perceptions of who can dance, what dance is, and what it might be
- Providing opportunities to explore the art of dance and to have critical engagement with their own dance and the dance of others: asking artistic questions, seeking solutions and reflecting on their dance experiences
- Offering opportunities to gain new skills and insights: learning about dance, in dance and through dance
- Placing people, their aspirations, rights and choices at its heart: recognising the individuality of participants and working with them in ways that support them to find their own dance ‘voice’

[1] **This is an abridged version. The full version can be found at People Dancing website (2022, n.p.).**

- Creating a ‘safe’ space where individuals can fulfil their human a[2]nd creative potential, where they feel positive about themselves and are respected and valued by others, enabling them to grow, develop, and build positive and active relationships within their wider communities.

Appendix 2: General Lesson Plan Structure

Exercise	Ideas for music	Learning Objective	Delivery suggestions	Differentiation	Progression
Warm-Up -whole body	Often use classical	Not all participants arrive at the same time so an extended warm-up allows a settling into the space before we begin. Use of gentle knee bends which should be maintained throughout. Slowly working ways through all body parts: neck, fingers, wrist, elbows, shoulders, hips and waist toes, ankles, knees.	Taken in a circle. Eye contact, hello and welcoming into the space. Physically demonstratin g A little verbal instruction – calling on imagery (e.g. drawing circles in the sand) Use warm-up as an opportunity to 'check-in'. how they might be feeling that day. non-verbal observation-paying attention to energy levels	Encourage participants to dance within their own movement range. Emphasis on quality and dynamic of the movement	The warm-up usually stays the same for the term. I hope that this anchors participants on arrival supporting a sense of security before we begin exploratory exercises.
Faster warm-up Whole body	A strong steady beat. Stevie Wonder "For Once in my Life"	Warm muscles, boost circulation. E.g: Directional stretches arm swings opposition	Physically demonstrate Follow me type instruction	A person-centred approach to progression is key.	For some progression might mean joining the group. for others it might be gaining more control over their movements.

Travelling	David Bowie "Let's Dance" Men Aloud " Happy Together" Queen "Don't Stop Me Now"	Using the FaME and OTAGO steps: Single steps Double steps Directional stepping. Marching Often calling on Laban effort qualities to support this e.g. floating, flicking, punching	Encouraging use of whole space Instructions such as weave in and out, fill the spaces in the room.	Any dancers in wheelchair or using walking aid whether they would like to be in the centre of the space, with travelling and opportunities for connection as others pass by	We can create dances using (for example) a formula of 8/16 travelling steps and 8 directional punches/points/ arm gestures. This can be developed into a choreography which isn't reliant on memorising steps and further developed in supporting connection by encouraging partner/group work
Connecting e.g Mirroring in partners	Something slow and mesmerising	A great activity for concentration and coordination. Helps to encourage creativity and working together as one.	Working face to face with a partner taking it in turns to lead and then follow. Encourage the class to try high and low movements and work through body parts.	This exercise can be translated for all. Mirroring one seated and standing Group mirroring is also an option.	For the first part of the term : static movement face to face and progress to travel mirroring using space around the room.
Creative Use of props	Penguin Café Orchestra Background music. Nothing with strong associations	Encouraging dancers in the class to be creative and draw on their imagination	Use of strong imagery or narrative. Clear instruction without overloading. Print off images to support this.	Improvisation exercises are a great equalizer, by the nature of the exercise they are translatable for all.	The narrative can be developed or structure layered onto the improvisation if appropriate (e.g. use of different body parts)

Strength and Balance	"Le Cygne" Camille Saint-Saëns.	Use of chair. Balances with arm gestures Sit to stand Therabands	Can play with the use of space.E.g. 2 lines of chairs facing each other	Particular attention to theraband and how they are executing the exercise	Different number of reps depending how they are feeling that day. Idea is to build through the term.
Cool Down	"Ain't No Mountain High Enough" Marvin Gaye and Tammi Terrell " (Sittin' On) the Dock of the Bay" Otis Redding	Stretching and bringing attention to breathe.	We always come back to a circle.	Final karakia- Maori prayer to finish. Can be sitting or standing	

Appendix 3: Ethics Documentation

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UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

29/06/2021

Dr. Becca Weber

Re: Application for Ethics Approval (Our Ref. UAHPEC22473): Approved

The Committee considered your application for ethics approval for the study entitled "**How does dance affect the wellbeing of older adults (over 65) who have fallen?**".

We are pleased to inform you that ethics approval has been granted for a period of three years.

The expiry date for this approval is **29/06/2024**.

Completion of the project: In order that up-to-date records are maintained, you must notify the Committee once your project is completed.

Amendments to the approved project: Should you need to make any changes to the approved project, please follow the steps below:

- Send a request to the UAHPEC Administrators to unlock the application form (using the Notification tab in the Ethics RM form).
- Make all changes to the relevant sections of the application form and attach revised documents (as appropriate).
- Change the Application Type to "Amendment request" in Section 13 ("Submissions and Sign off"). Add a summary of the changes requested in the text box.
- Submit the amendment request (PI/Supervisors only to submit).

If the project changes significantly, you are required to submit a new application

Funded projects: If you received funding for this project, please provide this approval letter to your local Faculty Research Project Coordinator (RPC) or Research Project Manager (RPM) so that the approval can be notified via a Service Request to the Research Operations Centre (ROC) for activation of the grant.

The Chair and the members of UAHPEC would be happy to discuss general matters relating to ethics approvals. If you wish to do so, please contact the UAHPEC Ethics Administrators at humanethics@auckland.ac.nz in the first instance.

Additional information:

- Do not forget to fill in the 'approval wording' on the PISs, CFs and/or advertisements, using the date of this approval and the reference number, before you use the documents or send them out to your participants.

All communications with the UAHPEC regarding this application should indicate this reference number: **UAHPEC22473**.

UAHPEC Administrators

University of Auckland Human Participants Ethics Committee

Appendix 4: Participant Information Letter (Recruitment to the research)

Project title: "How does dance benefit the health and wellbeing of older adults who fall?"

Name of Principal Investigator/Supervisor (PI): Dr. Becca Weber

Name of Student Researcher: Francine Hills

As well as being a dance facilitator, I am a PhD student within the Faculty of Creative Arts and Industries at the University of Auckland. My research is exploring the role of dance in supporting health and wellbeing, aging and specifically falling and fear of falling. I hope that through talking to people about their experiences this study can make a contribution to understandings of how life is, or isn't, affected by falling.

I would be interested to talk to you further if you fall regularly or have a fear of falling. The interviews will be informal and will feel more like a conversation than a list of questions you are expected to answer. There will be no physical testing or measurement.

What will you have to do if you agree to take part?

Firstly, please know that you can at any point decided to withdraw from the study.

1. We will arrange a time to meet, at your convenience either in the dance venue, a coffee shop or at your home if you would prefer that.
2. There will be an informal interview which will take 40 minutes to an hour.
   I will be audio recording this so that I may write it up at a later date. Copies of the transcribed interview will be given to you so that you can ensure you have been correctly quoted. You may edit the transcript if you feel at the need to do so. Your responses to the questions will be used for the purpose of this study only.
3. When I have completed the data analysis, I will produce a summary of the findings. At this stage there will be a focus group discussion with the other research participants to ensure you are happy with how I have interpreted your contribution.

How much of your time will participation involve?

Two interviews lasting no more than an hour in total. I will travel to an interview location that is convenient and comfortable for you, such as a coffee shop or your home or the home of a relative if you would prefer. You are not expected to undertake any travel for this research.

Will your participation in the project remain confidential?

In this research your identity will be kept confidential, and no identifiable information about you will be published. You will be given a pseudonym and your name and email will not be recorded on the interview sheets. Your identity will be kept confidential to members of the research team. If you discuss others in your interviews, such as friends and/or family I will also change their names.

The recording(s) and any transcripts generated from the interview will be stored on a password protected local computer drive. It will be locked in a cabinet on University of Auckland premises. No

data will be kept on a public drive or cloud. Any printed copies of interview transcripts will similarly be kept in a locked cabinet on university premises. The data may be retained after the completion of the thesis for use in journal articles and conferences. Both recordings and printed documents will be kept for a maximum of six (6) years before being destroyed by university destruction services.

What are the advantages of taking part?

You may find the project interesting and enjoy thinking about what the different aspects of the dance sessions offer you and what your experiences of the session might be. You may enjoy talking about yourself, your life and what wellbeing means for you.

Are there any disadvantages of taking part?

Not that I am aware of. If at any stage, you feel uncomfortable with any aspects of the research process please let me know and I will do my best to alleviate your concerns. You are free to withdraw at any time during the project if you change your mind at any point.

You also have access to self- referral support services such as the phoneline '1737 Need to Talk'. Just dial or text 1737 to speak with a trained counsellor. Age Concern also offer a telephone support service which can be accessed on 0800 65 2 105

Do you have to take part in the study?

No, your participation in this project is entirely voluntary. You are free to withdraw at any time without giving a reason. You may withdraw your data up to four weeks (28 days) after your interview concludes.

Please note that whether or not you decide to participate in the research, your relationship with the dance class will remain unaffected.

What happens next?

I shall be contacting you in the next few weeks to arrange an interview. At each stage, I will check that you are happy to carry on. You are welcome to contact the research team with any queries that you may have.

Researcher:-

You can contact Francine Hills at fhil023@@aucklanduni.ac.nz, or by phone 02 04 0200926.

Supervisor:-

You can also contact Dr. Becca Weber at b.weber@auckland.ac.nz, or by phone at 09 373 7599 ext 81776.

Head of School:-

You can contact Dr. Ralph Buck at r.buck@auckland.ac.nz, or by phone at 09 923 2529

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, Office of Research Strategy and Integrity, The University of Auckland, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: humanethics@auckland.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 29/06/2021 for three years. Reference Number UAHPEC22473.

Appendix 5: Interview Protocol

Gaining Access to and Selecting Participants (Rubin & Rubin, 2012)

I specifically aimed to recruit participants from the dance classes who had experienced a fall in the last six months or had a fear of falling. Posters outlining the project and letters detailing specific research details were displayed prominently in the dance class.

To ensure clarity and separation between participation in the dance class and the research, I requested the hall coordinator to inform the class about the research and draw attention to the letters and posters. The recruitment process lasted three weeks.

Potential participants screened based on eligibility criteria (attend dance class regularly, falls, over 65) to ensure they met the research study's requirements.

Participants given a Participant Information Sheet that contained detailed information about the study's purpose, procedures, and potential risks and benefits. I ensured that participants were aware that participation in the study was separate to participation in the dance class, taking part was voluntary and they could withdraw at any stage. Participants assured their responses would be kept confidential and anonymous.

Building Trust (Rubin & Rubin, 2012)

Although we already knew each other from a facilitator/dancer perspective, I explained my role as a researcher, and expressed that the interviews would be a non-judgmental environment where they could feel comfortable to share their thoughts. I emphasised that their privacy would be protected and that they could withdraw at any stage-including after the interview. I asked whether they had any questions or concerns participants about the study.

Location, Time, and Length of Interview

Participants given the flexibility to choose a location where they felt comfortable and secure, ensuring privacy and minimizing distractions. We agreed upon a suitable date and time for the interview, considering their availability and preferences. Sufficient time set aside for the interview, typically around one hour, to allow for in-depth discussions and exploration around the interview questions.

Alignment of Questions with Research Aims (Castillo-Montoya, 2016)

Reviewed the research aims and questions to ensure that interview questions directly align with the study's objectives. Ensured each question gathered relevant data that addressed the research aims. Adapted questions as necessary to capture any emerging themes based on pre-interviews and during the interview process.

Overall Process of Conducting an Interview (Brinkmann & Kvale, 2015)

a) Began the interview by restating the purpose of the study and reiterating informed consent. I placed the audio recording equipment in sight and re-iterated that the interview would be recorded for transcriuption purposes only. I also stated that I would be writing notes throughout.

b) I repeated that they should feel free to stop the interview at any time. I also re-iterated that there was no right or wrong answer. This was about their perspectives, their thoughts and their stories.

c) Engaged in active listening, allowing participants time to express their thoughts and experiences fully and without interruption.

d) Used follow-up questions to encourage participants to elaborate on their responses, clarify their viewpoints, or provide specific examples.

e) After roughly an hour, I switched off the recording and brought things to a close. I thanked participants for their participation and willingness to share their insights and made my contact details known again should they have any follow up thoughts or anxieties about the process or their answers.

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